



Florida Department of Agriculture and Consumer Services  
Division of Agricultural Environmental Services

**PEST CONTROL AND LIMITED LANDSCAPE  
MAINTENANCE SERVICE VEHICLE INSPECTION**

**WILTON SIMPSON  
COMMISSIONER**

Rule 5E-14.1025, F.A.C.  
Telephone: (850) 617-7996

**Respond to:**  
Bureau of inspection and  
Incident Response  
3125 Conner Blvd., Suite N,  
Tallahassee, FL 32399-1650

File No.		Date of Inspection				
Name of Firm, Company or Individual				Telephone		
				JB License No. (if any)		
Year/Make/Model of Vehicle	Color	Vehicle Tag #				
			<b>YES</b>	<b>NO</b>	<b>N/A</b>	
1. ID Card valid with photo and signature? – (482.091, F.S.) ID# _____						
2. Pesticide concentrates secured? (if unattended vehicle) (5E-14.106(3), F.A.C.)						
3. Pesticide containers properly identified? (5E-14.106(4), F.A.C.)						
4. Pesticides present out of category of license? Explain use below, if marked yes.						
5. Label specified PPE available and worn?						
6. Pesticide Use Investigation Report (FDACS-13660) conducted? If yes, attach PUIR form.						
7. Service vehicle and trailer properly identified? (5E-14.103, F.A.C.)						
8. Spray tank air gap or anti-siphoning device present? (5E-14.106(5), F.A.C.)						
9. Signage available for applications made to exterior foliage? (482.2265(2), F.S., 5E-14.147, F.A.C.)						
10. LCLM Certificate valid? (482.156, F.S.) LCLM CERT# _____						
11. Pesticides on hand Caution Label Only (482.156(1), F.S.)						
12. Application equipment hand held or non-powered back pack only (482.156(1), F.S.)						
13. Spray records maintained by applicator (482.156(5), F.S.)						
14. Pest and areas treated _____						
15. Who directed you to apply pesticides? _____						
16. Company Owner _____						
17. Signage available for applications made to exterior foliage? (482.2265(2), F.S., 5E-14.147, F.A.C.)						
18. Does individual apply fertilizer? (482.1562, F.S.) LF CERT# _____						
19. Who directed you to apply fertilizer/ _____						
20. Company Owner _____						

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Company Representative)

\_\_\_\_\_  
(Signature of Issuing Field Inspector)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)