



NICOLE "NIKKI" FRIED
COMMISSIONER

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

PLEASE FAX OR MAIL TO:
Pesticide Certification Office
3125 Conner Blvd., Bldg. 8
Tallahassee, FL 32399-1650
Phone: (850) 617-7870
Fax: (850) 617-7895
www.FDACS.gov

**AGREEMENT FOR ADMINISTERING
PESTICIDE CERTIFICATION EXAMINATIONS**

As an administrator of pesticide certification examinations, I agree to comply with the attached Policies and Procedures for Certification Exam Administration. I understand that any deviation from these policies and procedures may invalidate the exams I administer and/or terminate my responsibility for exam administration.

I qualify as an exam administrator according to the attached policies and procedures based on the following (check all that apply).

I am an employee of the UF/IFAS Cooperative Extension Service (this includes county employees who work the for county extension office).

I am a Master Gardener volunteer working with the Cooperative Extension Service.

I am an employee of the Florida Department of Agriculture and Consumer Services, Division of Plant Industry.

I am an employee of the Florida Department of Agriculture and Consumer Services, Division of Agricultural Environmental Services.

I am an authorized agent of the Florida Department of Agriculture and Consumer Services, with specific authorization to administer pesticide certification exams.

LEGAL NAME: _____
LAST FIRST MIDDLE SUFFIX (EX: JR, SR, III)

TITLE: _____

AFFILIATION/BUSINESS NAME: _____

BUSINESS ADDRESS: _____ MAILING ADDRESS: _____

BUSINESS PHONE: (____) _____ BUSINESS FAX: (____) _____

BUSINESS E-MAIL: _____

SIGNATURE: _____ DATE: _____

PESTICIDE CERTIFICATION USE ONLY

EXAM ADMINISTRATOR CODE: _____	NOTIFIED BY: _____	EMAIL	FAX	MAIL
DATE NOTIFIED: _____	NOTIFIED BY: _____			