

Q190000000018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

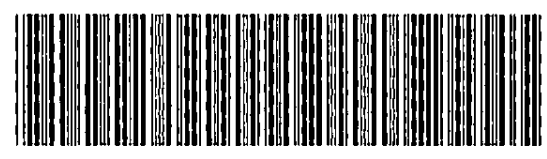
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. PRATER

DIVISION OF AGRICULTURAL
ENVIRONMENTAL SERVICES
PESTICIDE CERTIFICATION SECTION
(850) 617-7870
(850) 617-7895 FAX



THE CONNER BUILDING, NO. 8
3425 CONNER BOULEVARD
TALLAHASSEE, FLORIDA 32399-1650

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER NICOLE "NIKKI" FRIED

March 1, 2019

In Reply Refer To: DTN 942235

HERNANDEZ, ANTONIO WEST
P O BOX 6
ROANOKE, AL 36274

Pesticide Certification and Licensing
Reciprocal Pesticide License in Florida - APPROVED

At any time, a state may have a need to review and revise its governing laws, rules or procedures. These changes could affect reciprocal agreements between states in regard to pesticide applicator licensing; Florida Reciprocal Program and the future renewal of your license when obtained via reciprocity. This means that some categories that are approved for reciprocity currently, or in the past, may not be eligible for reciprocity at the next renewal time for the license. Licensing via reciprocity may be subject to change.

We reviewed your request for a Florida pesticide applicator license based on your Alabama license. You have been approved for the following Florida pesticide applicator license which will expire four years after the date of its issuance.

License type: COMMERCIAL License fee: \$250.00

Categories: Forest

At this time, you must submit the following enclosed documents to obtain a Florida license:

- APPLICATION FOR PESTICIDE APPLICATOR LICENSE - Return this form & fee to the address on the application.
- FOR NON-RESIDENTS ONLY:

Designation of Registered Agent for a NON-RESIDENT Restricted-Use Pesticide License (Mail to the Division of Corporations...Do NOT return this form or fee to FDACS).

If you have any questions please call our office at (850) 617-7870 or visit our website <http://www.freshfromflorida.com/> for more information.

Sincerely,

NICOLE "NIKKI" FRIED
COMMISSIONER OF AGRICULTURE

Sharon Jones
Environmental Manager

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR
A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE

PART I

1. Name and business address of nonresident:

Antonio West Hernandez
138 Chestnut Street
Doanok, AL 36274

(COMPLETE EITHER #2 OR #3 - NOT BOTH)

2. The name and Florida street address of the registered agent upon whom service of process may be served in accordance with section 487.047, Florida Statutes is:

_____, FL. _____

Having been named as registered agent upon whom service of process may be served on behalf of the undersigned, I hereby accept the appointment as registered agent and agree to act in this capacity.

Registered Agent's signature: _____

3. I, Antonio West Hernandez, a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be served in accordance with section 487.047(2), Florida Statutes.

Nonresident's signature: Antonio Hernandez

PART II

I hereby acknowledge this document is being submitted to designate a registered agent and a registered office pursuant to section 487.047, Florida Statutes.

Nonresident's signature: Antonio Hernandez

Date: 3-4-19

FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED)
\$52.50 - CERTIFIED COPY FEE (REQUIRED)
\$87.50 - TOTAL DUE

(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)

SUBMIT DOCUMENT AND CHECK TO:
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

DEPT. OF AGRICULTURE
TALLAHASSEE, FL

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NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.

RECIPROCAL-ALABAMA

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

DTN 942235



Remit Fee Online at:
www.FreshFromFlorida.com
-or-
Make Checks or Money Order
payable to FDACS and remit to:
Revenue Processing Section
407 S. Calhoun Street, Room 121
Tallahassee, FL 32399-0800

ADAM H. PUTNAM
COMMISSIONER

Section 487.046(1), F.S. and Rule 5E-9.026, F.A.C.
Telephone: (850) 617-7870

APPLICATION FOR COMMERCIAL PESTICIDE
APPLICATOR LICENSE

Hernandez Antonio West
Legal Name: Last First Middle Suffix

Forestry Network Services
Place of Employment

Title

138 Chestnut St.
Home Address (physical address)

138 Chestnut St.
Business Address

Roanoke AL 36274
City State Zip Code

Roanoke AL 36274
City State Zip Code

Office@forestrynetworkservices.com
Business Email

P.O. Box 6
Mailing Address (if different from home)

334-863-8524
Business Phone No. (with area code)

Roanoke AL 36274
City State Zip Code

Business Fax No. (with area code)

334-863-8520
Home Phone No. (with area code)

256-255-8513
Cell Phone No. (with area code)

Alternate Home Phone/Fax No. (with area code)

Beeper/Pager (with area code)

12/9/92
Date of Birth

Are you a Florida Resident? Yes No

Home Email address:

Place of Birth (City, County, State, Country) Rocky mount, NC - Nash County - USA

CHECK THE CATEGORIES IN WHICH YOU REQUEST LICENSURE
YOU MUST HAVE PASSED THE EXAM IN EACH CATEGORY REQUESTED

- | | | |
|--|--|---|
| <input type="checkbox"/> Aerial Application | <input type="checkbox"/> Demonstration & Research Pest Control | <input type="checkbox"/> Right-of-Way Pest Control |
| <input type="checkbox"/> Agricultural Animal Pest Control | <input checked="" type="checkbox"/> Forest Pest Control | <input type="checkbox"/> Seed Treatment |
| <input type="checkbox"/> Agricultural Row Crop Pest Control | <input type="checkbox"/> Natural Areas Weed Management | <input type="checkbox"/> Sewer Root Control |
| <input type="checkbox"/> Agricultural Tree Crop Pest Control | <input type="checkbox"/> Organotin Antifouling Paint Application | <input type="checkbox"/> Soil & Greenhouse Fumigation |
| <input type="checkbox"/> Aquatic Pest Control | <input type="checkbox"/> Ornamental & Turf Pest Control | <input type="checkbox"/> Wood Treatment |
| <input type="checkbox"/> Chlorine Gas Infusion | <input type="checkbox"/> Raw Agricultural Commodity Fumigation | |

****LICENSE FEE OF \$250 MUST ACCOMPANY THIS APPLICATION****

applicant's accompanying check will be negotiated by the Department as required by law. This act of negotiation has no bearing on applicant's entitlement and may not be used as a basis of estoppels or other doctrine impacting on the right of the Department to deny the permit or license sought. I hereby apply for a license as a Commercial Pesticide Applicator to purchase and use restricted use pesticides pursuant to Chapter 487, Florida Statutes, and Chapter 5E-2 and 5E-9, Florida Administrative Code.

FOR AERIAL APPLICATORS ONLY

IMPORTANT: This application must be accompanied by a photocopy of Pilot's License. I understand that any aircraft I pilot for aerial application purposes must conform fully to FAA rules and standards. List N numbers of aircraft you will be flying:

I understand and will comply with the provisions of the above statute and rules as they apply to the use of pesticides. I understand that any violation of the above rules, or label instructions constitutes grounds for suspension or revocation of my license and/or other penalties as provided in Chapter 487, Florida Statutes.

Org. Code: 42 13 08 02 040
EO A2
Object Code: 001016 \$ 0.00

Signature of Applicant _____ Date _____