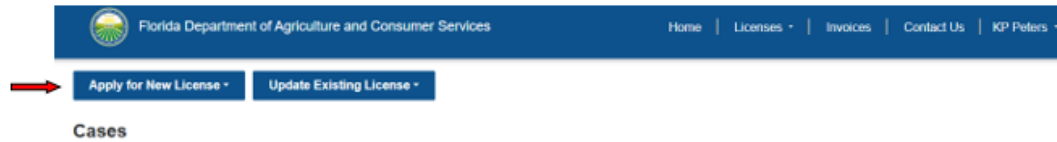


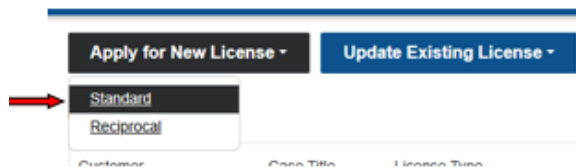
Licensing Portal

New Dealer Application

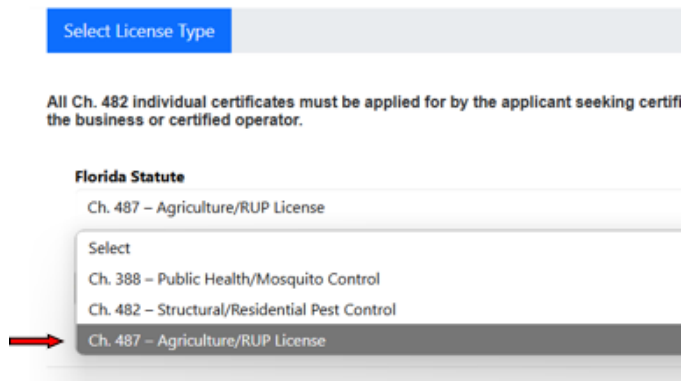
1. After registering and signing into the portal, select “Apply for New License”.



2. Select “Standard”



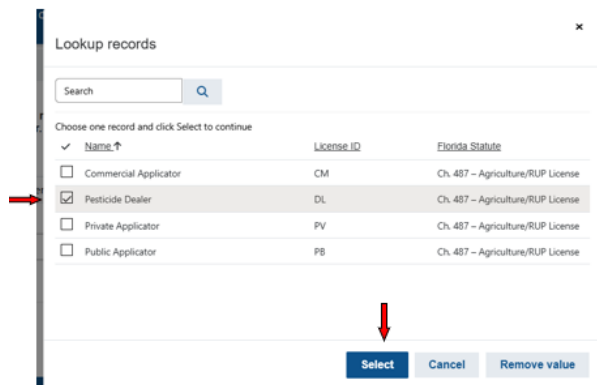
3. In the Florida Statute field select “Ch. 487 – Agriculture/RUP License”.



4. Click on the magnifying glass to populate the type of licenses.



5. Select the “Pesticide Dealer” box, then click “select.”



6. Click “Submit”

Select License Type

All Ch. 482 individual certificates must be applied for by the business or certified operator.

Florida Statute
Ch. 487 – Agriculture/RUP License

License Type *
Pesticide Dealer

Submit ←

[Need Help Choosing a License?](#)

7. Click on the magnifying glass.

Pesticide Dealer - New License

Business Information Authorized Agent Information Application Review

Business *
Select your existing business or add a new one below

Search [magnifying glass icon] →

8. A records box will appear, select “New”.

Lookup records

Search [magnifying glass icon]

Choose one record and click Select to continue

Business Name	Street 1	City	Business Address - State
There are no records to display.			

↓

New Select Cancel Remove value

9. Enter the company details, and then click “Submit” at the bottom.

Create a new record

Company Name *
GP Pest Deals

Email *
halley.peters@fdacs.gov

Phone *
(850) 617-7870

Fax
(000) XXX-XXXX

Business Address

Street 1 *
89328 Lookout lane

Street 2

City *
Naples

State *
FL

ZIP Code *

10. Your company should now appear in the records box, check the box next to your company and click “Select”.

Lookup records

Search

Choose one record and click Select to continue

☒	Business Name	Street 1	City	Business Address - State
☒	GP Pest Deals	89328 Lookout lane	Naples	FL

New Select Cancel Remove value

11. Select “Next”

Pesticide Dealer - New License

Business Information Authorized Agent Information Application Review

Business *
Select your existing business or add a new one below
GP Pest Deals

Next

12. Your information will populate here, verify the information is correct and then select “Next”.

Pesticide Dealer - New License

Business Information ✓ Authorized Agent Information Application Review

First Name *
So

Middle Name
—

Last Name *
Rodriguez

Date of Birth *
01/29/1970

Job Title
—

Previous Next

13. Review the Dealer application, Check the attestation box, and then click “Submit”.

Pesticide Dealer - New License

Business Information ▼ Authorized Agent Information ▼ Application Review

License Type
Pesticide Dealer

Business Information

Business Name *
GP Pest Deals

Contact Information

Email *
hailey.peters@fdacs.gov

Main Phone *
(850) 617-7870

Fax
—

Address 2: City *
Naples

Mailing Address - State *
FL

Address 2: ZIP/Postal Code *
33990

Authorized Agent Information

First Name *
So

Middle Name
—

Last Name *
Rodriguez

Date of Birth *
01/29/1970

Job Title
—

☒ I declare under penalty of perjury that all of the information provided in this application and in any exhibits attached hereto, is true and correct.

Previous Submit

14. You will receive a message that your application has been submitted, and payment is now required.

Application Submitted - Payment Required

You will receive an email shortly containing a link to your Invoice. You may also navigate to the [Invoices](#) area to pay now.

Once payment is received, new licenses that qualify for auto-issuance will be provisioned and sent shortly via email. Otherwise, your application will be initially reviewed once payment is processed (3-5 business days) and in the order that it is received.

15. You will receive an email informing you that your invoice is ready. The email will also include a PDF version of the invoice as an attachment. You can click the link in the email, and it will take you directly to the invoice. (Example: A)

(Example: A)

Invoice Ready to Pay

BE To [REDACTED] Co [REDACTED]

Invoice.pdf 94 KB

Your invoice for Case 0000002790 is ready to pay.

You can navigate to your [Invoice Here](#) or by navigating to the Invoices area of our website. If someone else will be paying this invoice, please forward this email and they will be able to click the invoice link to make the payment.

Please be aware that your application will remain incomplete until payment is received.

Case Number: 0000002790
Case Type: New License
License Type: Pesticide Dealer
Customer: GP Pest Deals

16. Alternately, you can click the “Invoices” tab at the top of the menu to access your invoices and find the one you need for payment. (Example: B)

(Example: B)



17. From here, you will be taken directly to the invoice to proceed with payment.

18. Click on the specific Invoice to open it and proceed with payment.

19. If the invoice doesn't appear immediately, try refreshing the page or waiting a few minutes.

Invoices

Click on an Invoice to see details and pay. If your Invoice is not available in the list, please wait a moment and refresh the page.

AES Portal - Invoices						
Invoice Number	Application Type	Paid	Total Amount	Amount Paid	Convenience Fee	Payment Date
0000002790	Pesticide Dealer	No	\$250.00			

20. Click “Pay Now” and continue with payment as instructed.

Credit Card Payments: a 2.5% convenience fee is applied to the total invoice amount.

Electronic Check Payments: a \$0.50 convenience fee is applied to the total invoice amount.

Pay Now

Payment Details (Convenience Fee And Portal Amount Populated After Payment)

Name *	Total Amount
Invoice - 0000002790	250.00
Case	Convenience Fee
0000002790	—
Contact	Portal Payment Amount
So Rodriguez	—
Invoice Date	Payment Date
03/11/2025	—

Fee Code Description (Fee Code)	Amount	Quantity
License Fee - Pesticide Dealer	\$250.00	1

21. Select payment type

22. Click “Next”



Payment

Payment Type

Payment Type *

Credit/Debit Card ✓

Select One

Credit/Debit Card

Electronic Check

Next >

Customer Information

23. Enter the Customer Information and select “Next”.

Customer Information

Complete all required fields [*]

Country *
United States ✓

First Name *
Hailey

Last Name *
Peters

Address *
3125 Conner Blvd, Bldg. 8

Address 2
Bldg. 8

City *
Tallahassee

State *
FL - Florida

ZIP/Postal Code *
32399

Phone Number
1234567890

Next >

24. An Address Verification box may populate with a recommended address. Double check the address and determine if you want to continue forward with the address you entered, or if you want to use the Recommended Address.

25. Click “OK” after choosing.

Address Verification

Select the correct address before proceeding.

- Fixed abbreviations
- Unique ZIP match
- Bad secondary address

☒ Recommended Address

3125 Conner Blvd
Bldg 8
Tallahassee, FL 32399

☐ Address Entered

3125 Conner Blvd, Bldg. 8
Bldg. 8
Tallahassee, FL 32399

OK

26. Enter your payment information, and click “Next”

27. If you no longer wish to move forward with the payment select “Cancel”

Payment Information

Complete all required fields [*]

Credit Card Number *
[Input Field]

Credit Card Type
[Icons: Mastercard, VISA, DISCOVER, AM EX]

Expiration Month *
Select a Month

Expiration Year *
Select a Year

Security Code *
[Input Field]

Name on Credit Card *
[Input Field]

☒ Payment Address is the same as Customer Information *

Next >

Cancel

Transaction Summary

	\$250.00
Convenience Fee	\$6.25
TOTAL	\$256.25

Need Help?

All online payments will include a convenience fee.

28. Review the information entered. If everything is correct, proceed by clicking “Submit Payment” or if changes are needed, select “Edit” on the appropriate field.

Credit/Debit Card

Customer Information ✓

Address: Hailey Peters, 3125 Conner Blvd, Bldg 8, Tallahassee, FL 32399
Phone Number: 1234567890
Country: United States
Email Address: [Redacted]

Payment Information ✓

Credit Card: [Redacted]
Exp: 02/2026
Name on Credit Card: [Redacted]

Transaction Summary

	\$100.00
Convenience Fee	\$2.50
TOTAL	\$102.50

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.

Buttons: Cancel, Submit Payment

29. After your payment has been submitted, you will receive a payment confirmation page.

FDACS AES Payment Portal Confirmation Page

Please Print this Confirmation Page or Save as an HTML file.

Confirmation Number: 152913

Convenience Fee Amount: \$6.25

Total Amount of Purchase: \$256.25*

Next Steps

Refer to the information below to determine your next steps to acquire your license.

New Licenses	Renewals
Chapter 487 Applicator & Dealer Licenses Your application is complete and your license will be provisioned shortly.	Chapter 487 Applicator Licenses Your category renewals are under review. You will receive an email with a decision soon.
Chapter 388 Public Health Applicator License Your application is now under review. You will receive an email with a decision soon.	Chapter 388 Public Health Applicator License Your application is now under review. You will receive an email with a decision soon.
Chapter 482 Limited Certifications Navigate to the Exams & Vouchers page to obtain your voucher numbers for your exams.	Chapter 482 All Licenses Your application is now under review. You will receive an email with a decision soon.
Pest Control Operator Licenses Your application is now pending. Upon application approval, FDACS will email your voucher.	
Pest Control Business Licenses Your application is now under review. You will receive an email with a decision soon.	

*This charge will appear on your statement as a payment to the Florida Department of Agriculture and Consumer Services. Thank you for using the FDACS AES Payment Portal.

30. You will receive an email with your new pesticide dealer license as an attachment.