



CITY OF CAPE CORAL

Department of Community Development /Code Compliance Division/Licensing

FERTILIZER AFFIDAVIT

I have been notified and fully understand that the City of Cape Coral regulates landscape management practices for the application and use of fertilizers. I am also aware that I am **not** allowed to perform fertilizing without first going through the workshop to receive training in Best Management Practices (BMPs) and obtaining certification.

I have been advised of these requirements and given information on how to comply with these requirements.

Under penalties of perjury, I declare that I have read the foregoing statement and the facts stated are true and correct to the best of my knowledge.

Applicant Printed Name

Name of Company/Organization

Applicant Signature

Date

STATE OF FLORIDA
COUNTY OF LEE

SWORN to and subscribed before me on this _____ day of _____, 20_____

Personally appeared _____, who has produced the following identification _____ or is personally known to me.

Notary Public Signature

Seal: