



**Texas Department of Agriculture**  
**Application for**  
**Pesticide Applicator License**

**PA-400N**

COMMISSIONER SID MILLER

<b>SECTION A</b>	<b><sup>1</sup> TYPE OF LICENSE (PLEASE CHECK ONE)</b>	<b>TDA USE ONLY</b>	
	<input type="checkbox"/> Noncommercial (\$140 Fee)	Client No.	Account No.
	<input type="checkbox"/> Noncommercial Political Subdivision (\$75 Fee)	Date (mm/dd/yy) / /	Initials

<b>SECTION B</b>	<b><sup>1</sup> CLIENT INFORMATION</b>			
	<input type="checkbox"/> Driver License No. _____ (required)		<input type="checkbox"/> TX	
	<input type="checkbox"/> State Issued ID No. _____ (if DL is not available)		<input type="checkbox"/> Other _____	
	First Name (Legal Name)	M. I.	Last Name	
	Mailing Address			
City	State	Zip	Phone ( ) - Ext.	

<b>SECTION C</b>	<b><sup>1</sup> PERSON TO CONTACT FOR LICENSE-RELATED MATTERS</b>			<input type="checkbox"/> SAME AS CLIENT NAME
	First Name	M. I.	Last Name	
	Primary Phone ( ) - Ext.		Secondary Phone (optional) ( ) - Ext.	
	Fax (optional) ( ) - Ext.			
	E-mail Address:			
	***Important Note*** I understand that my email address is required by the Texas Department of Agriculture to keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. Failure to provide an email address may result in my not receiving time-sensitive information that could affect my compliance with state regulations and result in monetary penalties.			
	<b><sup>2</sup> MAILING ADDRESS</b>			<input type="checkbox"/> SAME AS CLIENT ADDRESS
Address				
City			State	Zip

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Applicant Name \_\_\_\_\_

SECTION D	<b><sup>1</sup> FACILITY (LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT)</b>			
	Facility Name (Person or Business Name)			
	<b><sup>2</sup> PHYSICAL ADDRESS OF FACILITY</b>			
	Address (No P.O. Box)			
	City	State	Zip	County
Directions to Physical Location				

SECTION E	<b><sup>1</sup> EMPLOYER INFORMATION (NONCOMMERCIAL &amp; NC POLITICAL)</b>			<input type="checkbox"/> SAME AS FACILITY
	Full Legal Name of Business (Headquarters)		Phone (     )     -     Ext.	
	Physical Address			
	City		State	Zip

SECTION F	<b><sup>1</sup> SIGNATURE</b>	
	The applicant, by signature below, (1) certifies that all information provided in or in connection with this application is true and correct; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in or in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent or employee of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.	
	Applicant Name (print)	Title
	Applicant Signature	Date (mm/dd/yy) /     /

Mail to:  
**Texas Department of Agriculture**  
**P.O. Box 12076**  
**Austin, TX 78711-2076**