

## P.O. Box 12076 Austin, Texas 78711 ◆ (877) 542-2474 ◆ (512) 463-7476 ◆ Hearing impaired: (800) 735-2989 voice ◆ (800) 735-2989 (TTY) www.TexasAgriculture.gov

## Texas Department of Agriculture Application for Commercial Pesticide Applicator License

PA-401

	<sup>1</sup> CLIENT INFORMATION					TDA USE ONLY		
N A	Social Security No. ( Required) †	My spouse is an Active Duty Service Member.*  Yes No				Client No.	Account No.	
	Do you hold a Commercial Applicator license in another jurisdiction? Yes No If so, please list the state and license number:				]No   1	Date (mm/dd/yy)	Initials	
SECTION A	First Name (Legal Name)	M. I.	Last Name					
S	Mailing Address							
	City		State	Zip	Phone (	) -	Ext.	
			<u>.</u>	·	l			
	1 PERSON TO CONTACT FOR LICE First Name	M. I.	LATED MATTERS SAME AS CLIENT NAME  Last Name					
	Primary Phone ( ) - Ext.		Secondary Phone (optional) ( ) - Ext.					
	Fax (optional) ( ) - Ext.							
SECTION B	E-mail Address							
SECT	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.							
	<sup>2</sup> MAILING ADDRESS 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	

C	<sup>1</sup> FACILITY (PRINCIPAL LOCATION OF LICENSEE, LICENSED ACTIVITIES)						
	Facility Name (Person or Business Name)						
	<sup>2</sup> PHYSICAL ADDRESS OF FACILITY						
ON	Address (No P.O. Box)						
SECTION							
SE	City		State	Zip	County		
	Directions to Physical Location						
	COMMERCIAL APPLICATO		ΓΙΟΝ		AS FACILITY	Y	
ND	Registered Commercial Applicator Business account number						
SECTION D	Full Legal Name of Business (Headquarters)				Phone	_	
					( )	- Ext.	
S	If account number is blank the employer or the applicator must complete PAB-300 to accompany this application						
	<sup>1</sup> Commercial Applicators Only						
( <del>-</del> )	Have you been convicted of any felony in the last five years that you have not previously reported to TDA when applying for						
N)	or renewing a pesticide applicator license? Yes No  If the answer is yes, please provide your date of birth / /						
SECTION E	month day year						
SEC	Also attach a statement providing full and complete information regarding the felony crime for which you received a conviction, including the date of the conviction, the state and county where convicted, the sentence and terms of probation, if						
	any, and a brief explanation of the circumstances of the crime and completion of any sentence or probation. State whether you						
	are on parole and whether you are a registered sex offender.						
	OUT-OF-STATE APPLICANTS ONLY  An applicant for a Pesticide Applicator license whose principal place of business is situated outside the State of Texas must						
F	appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas.						
	Who do you wish to designate as resident agent?   The Texas Secretary of State   Other (list below)						
SECTION	Resident Agent Name						
SEC		T			T	T =	
	Resident Agent Address	City		State	Zip	Business Phone	
						,	
$\mathbf{g}$	<sup>1</sup> PAYMENT: \$200 (FEE NOT REFUNDABLE)						
ION	LICENSE IS NOT VALID UNTIL APPROVED BY TDA. Mail to: Texas Department of Agriculture						
SECTION G	P.O. Box 12076, Austin, TX 78711-2076						
$\mathbf{SE}$	TDA USE ONLY Receipt No.			Date Receipt Issued			

Applicant	Name		

	<sup>1</sup> SIGNATURE					
SECTION H	The applicant, by and through their personal or agent's 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 (including 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 / /				
	Applicant Signature	month day year				
	<sup>1</sup> CHECKLIST					
<b>SECTION I</b>	Please use this checklist to ensure you are sending all of the necessary information and documents.  Pesticide Applicator Application  Fee (see instructions for assistance with calculating the correct fee.)  PAB-300 Pesticide Application (if applicable)					
	Please note that an incomplete application may result in denial or delay in processing the application.					

† A social security number is mandatory and required by Texas Family Code § 231.302 for this occupational license. Social security numbers are required to assist in child support enforcement. In the event the applicant does not have a social security number, attach Form OGC-001, affidavit of no social security number, and provide a driver license number or state-issued ID number. Form OGC-001 is available on our website at <a href="https://www.TexasAgriculture.gov">www.TexasAgriculture.gov</a> or upon request by U.S. mail. Failure to provide a social security number or an affidavit of no social security number will result in rejection of your application and a license will not be issued to you.

<sup>\*</sup> Pursuant to Section 55.005 of the Texas Occupations Code.