



COMMISSIONER SID MILLER

Texas Department of Agriculture
Pesticide Dealer's Change of Business Information

PD-101

SECTION A	¹ VERIFICATION INFORMATION	
	Legal Business Name	
	DBA (if applicable)	
	TDA Client No.	TDA License No.

Please provide **ONLY** the information that has changed.

SECTION B	¹ RESPONSIBLE PERSON INSTRUCTIONS			
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:			
	<ul style="list-style-type: none"> ♦ For a corporation, limited liability company, or cooperative, the president or CEO ♦ For a limited or general partnership, the managing partner or general manager ♦ For any other type of business, the general manager 			
	You may change the CEO, President, Managing Partner or General Partner information only. If you are a Sole Proprietor, and there is a change in ownership, you must apply for a new license.			
	² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
Phone No. () - Ext.	E-mail			
³ RESPONSIBLE PERSON MAILING ADDRESS				
Address				
City	State	Zip	County	

This application 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.)

Legal Business Name _____

SECTION C	¹ PERSON TO CONTACT FOR BUSINESS-RELATED MATTERS			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> ____			
	Title		Primary Phone () - Ext.	
	Secondary Phone (optional) () - Ext.		Fax (optional) () - Ext.	
	E-mail Address			
	<p>***Important Note*** I understand that my email address is required for 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, thereby, resulting in monetary penalties.</p>			
² PERSON TO CONTACT'S MAILING ADDRESS				
Address				
City		State	Zip	County

SECTION D	¹ FACILITY INFORMATION			
	Facility Name			
	² PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES or EQUIPMENT			
	Address (No P.O. Box)			
City		State	Zip	County
Directions to Physical Location if address above is difficult to find				

SECTION E	¹ NEW RESIDENT AGENT - OUT-OF-STATE BUSINESSES ONLY		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	New Resident Agent Name		
	New Resident Agent Address		
City		Zip	Business Phone () -

Legal Business Name _____

SECTION F	¹ SIGNATURE	
	By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct to the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties.	
	Applicant Name (print)	Title
	Applicant Signature	Date / / month day year