



Texas Department of Agriculture
SPCS Business Change Form

SPC-001

COMMISSIONER SID MILLER

SECTION A	¹ VERIFICATION INFORMATION	
	Full Legal Business Name	
	TDA Client No.	TDA License No. (TPCL)

Please provide **only** the information below that has changed.

SECTION B	¹ APPLICANT INFORMATION
	Full Legal Business Name (owner's name if sole proprietor – no aliases)
	DBA (if applicable)

SECTION C	¹ CHANGE OF OWNERSHIP CANNOT BE REGISTERED WITH THIS FORM			
	If the tax identification number of your business has changed, a new application and fee is required. A new tax identification number indicates a change in ownership and the license does not transfer.			
	² OWNER, PRESIDENT, CEO, ETC.			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> _____			
	Phone No. () - Ext.	E-mail		
	³ MAILING ADDRESS			
Address				
City	State	Zip	County	

SECTION D	¹ CHANGE IN RESPONSIBLE CERTIFIED APPLICATOR	
	Name of new Responsible Certified Applicator (Please Print)	License Number (required)
	Signature of new Responsible Certified Applicator (Required)	Date

Send completed form to:
spslicensing@texasagriculture.gov
 or FAX 1-800-909-8534

SECTION E	¹ CHANGE PERSON TO CONTACT FOR LICENSE-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 MAILING ADDRESS					
Address					
City		State	Zip	County	

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

SECTION G	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.		
	Submitter's Name (print)		Title
	Submitter's Signature (required)		Date (mm/dd/yyyy) / /

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 522.021, 522.023, and 559.004.)