COMMISSIONER SID MILLER
TEXAS DEPARTMENT OF AGRICULTURE
STRUCTURAL PEST CONTROL SERVICE
P.O. BOX 12076, AUSTIN, TEXAS 78711-2076
Phone: 877-542-2474 Fax: 888-232-2567
Internet Address: <u>www.TexasAgriculture.gov/spcs</u>
Hearing Impaired: (800) 735-2988 (voice), (800) 735-2989 (TTY)

APPLICATION FOR BUSINESS LICENSE

(PLEASE TYPE OR PRINT I	LEGIBLY)							
Full Legal Name of Bus	iness							
Assumed Name (dba)								
Business Telephone No.	(Busine	ess Fax No. ()						
Business Location Add	ess:							
	Street	City	County	State	Zip			
Business Mailing Addre	ess:							
	Street or P.O. Box	City	County	State	Zip			
regulatory updates, renew	by the Texas Department of val invoices, and other impo	Agriculture to keep me info ortant communications. Failu t compliance with state regul	rmed of critical info	nail address may re	licensing and sult in my not			
Legal Name of Executive/Responsible Party (Only one person) Tax ID Number (SSN if Sole Proprietor): Driver License No Date of Birth								
Home Location Address	Street	City	County	State	Zip			
Home Mailing Address	Street	City	County	State	Zip			
The Structural Pest Control Service (SPCS) performs criminal history searches on all license applicants and licensees, including those applying for renewal of an existing license. At minimum, criminal history information is sought from the Texas Department of Public Safety. This process may delay agency action on a license application, if the applicant's criminal history reveals an arrest for, conviction of, or a plea of guilty to a criminal offense. If an applicant's or licensee's criminal history reveals a conviction or plea of guilty to a criminal offense, the applicant will be asked to submit additional information to demonstrate the applicant's current fitness to be licensed. Failure to submit the requested information, submission of false or misleading information, or failure to demonstrate current fitness to be licensed may result in denial of the application or revocation of an existing license.								
Type of Business:	Sole Proprietor	Partnership	[LLC/Corporatio	on			
List name and address of each person who holds more than 10% ownership of this business:								
Name	Street	City	County S	State Z	ip			
Name	Street	City	County S	State Z	ïp			

***THIS APPLICATION MUST BE SIGNED ***

(See	Page	2
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*Disclosure of Social Security Number is mandatory under Tx Occ Code Chapt. 1951.

Name of Responsible Certified Applicator	License #	
License fee for business \$300.00	\$	
***Total Number of Apprentice(s) @ \$125.00 (Attach the applications of all apprentice(s) to this application. If applicable, technicians and certified applicators must submit separate applications for license change or renewal along with appropriate fees.)	\$	
Total Remitted	\$	

(PLEASE MAKE ALL CHECKS PAYABLE TO THE TEXAS DEPARTMENT OF AGRICULTURE)

- I have read and understand the Texas Structural Pest Control Act and Regulations.
- A willful misstatement of fact on this application will constitute grounds for denial, revocation or refusal to issue a license.

Signature of Individual Applying on behalf of the Business for a License

***Additional items that may be required to be sent to the SPCS in order to complete the application process:

- **Certificate of Insurance** request your insurance agent to forward a current and complete certificate of insurance coverage to TDA. The form ALS-1101 may be obtained from the SPCS website click on the link to "forms."
- **Resident Agent form** if the business license holder maintains its principal place of business outside the State of Texas, complete and return a resident agent form which identifies a resident agent for services of process and receipt of communications and notifications regarding the administration and enforcement of the Texas Structural Pest Control Act. The form for identification of a resident agent may be obtained from the SPCS website through the link to "forms."
- **Register all employees of the business.** For each individual who has not been previously licensed, complete and submit a notification of apprentice employment and application for technician, or use the <u>online registration system</u>. For previously licensed individuals that are changing from one company to another, or for individuals that want to add an additional license for another location, complete and submit a license change form. These forms may be obtained from the SPCS website through the link to "forms."

Please allow at least 10-day processing time before calling the agency to inquire about your new license status.

Date