



Texas Department of Agriculture
Device Registration Certificate Application

RWM-700

COMMISSIONER SID MILLER

SECTION A	¹ TYPE OF APPLICATION			
	<input type="checkbox"/> New Business Date you intend to open : / / (certificate and stickers must be displayed prior to conducting commercial transactions)		<input type="checkbox"/> Change of Ownership† Previous certificate number and date of change: _____ / /	
			<input type="checkbox"/> Change of Location Address Previous certificate number: _____	
	² BUSINESS TYPE			TDA USE ONLY
	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Government <input type="checkbox"/> Nonprofit Organization	
			Client No.	Account No.
			Date (mm/dd/yy)	Initials
			/ /	
	³ CLIENT INFORMATION			
	Full legal name of business (owner's name if sole proprietor – no aliases)			
D.B.A. (if applicable)				
Comptroller Taxpayer ID No. (In-state businesses)		Federal Tax ID No. (Out-of-state businesses and non-profit organizations)		
SOLE PROPRIETORSHIP ONLY				
<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 _____		

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 a sole proprietorship, the owner, ♦ For any other type of business, the general manager. 		
	² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER		
First Name		M. I.	Last Name
Phone No. () - Ext.		E-mail	

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.)

SECTION B (cont'd.)	³ RESPONSIBLE PERSON MAILING ADDRESS		
	Address		
	City	State	Zip
Internet Address of Business (optional)			

SECTION C	¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS		
	First Name	M. I.	Last Name
	Primary Phone () - Ext.	Secondary Phone (optional) () - Ext.	
	Fax (optional) () - Ext.		
	E-mail Address		
	<p>***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 compliance with state regulations and result in monetary penalties.</p>		
	² MAILING ADDRESS		
Address			
City	State	Zip	

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				

Legal Business Name _____

SECTION E	¹ OUT-OF-STATE APPLICANTS ONLY		
	An applicant for a Device Registration whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas. If the address provided in Section C is out of state resident agent information is REQUIRED .		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	Resident Agent Name		
	Resident Agent Address		
	City	Zip	Business Phone () -

SECTION F	¹ DEVICE CLASSIFICATION			
	Device Type	Fee per Device	Total No. of Devices	Total Fees
	Fuel Pump (multiple products per nozzle)	\$48.00 ^a		
	Fuel Pump - Gasoline (single product per nozzle)	\$16.00 ^b		
	Fuel Pump – Diesel or other non-gasoline product (one product per nozzle)	\$13.00 ^c		
	Fuel Pump – E85 – Fuel Ethanol (one product per nozzle)	\$13.00 ^c		
	Bulk Meter (rated flow 20 GPM – 100 GPM)	\$76.00 ^d		
	Bulk Meter (rated flow > 100 GPM)	\$251.00 ^e		
	Liquid Petroleum Gas (LPG) Meter	\$65.00		
	Scale (up to and including 2,000 pounds)	\$35.00		
	Ranch Scale (5,000 pounds and up)	\$32.00		
	Livestock Scale (5,000 pounds and up)	\$350.00		
	Truck Scale	\$400.00		
Other Scale (greater than 2,000 pounds)	\$250.00			
TOTAL FEES DUE \$				
^a Fee includes applicable motor fuel testing fee of \$12.00 (Calculation: \$36.00 device registration fee + \$12.00 motor fuel testing fee) ^b Fee includes applicable motor fuel testing fee of \$4.00 (Calculation: \$12.00 device registration fee + \$4.00 motor fuel testing fee) ^c Fee includes applicable motor fuel testing fee of \$1.00 (Calculation: \$12.00 device registration fee + \$1.00 motor fuel testing fee) ^d Fee includes applicable motor fuel testing fee of \$1.00 (Calculation: \$75.00 device registration fee + \$1.00 motor fuel testing fee) ^e Fee includes applicable motor fuel testing fee of \$1.00 (Calculation: \$250.00 device registration fee + \$1.00 motor fuel testing fee)				

SECTION G	¹ PAYMENT	
	Please see instructions for applicable fees.	
	REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.	
	Method of Payment (payable to Texas Department of Agriculture) <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____	
	Amount remitted \$	Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076
TDA USE ONLY	Receipt No.	Date Receipt Issued

SECTION H	¹ SIGNATURE	
	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	Title
	Applicant Signature	Date / / month day year

SECTION I	¹ CHECKLIST	
	Please use this checklist to ensure you are sending all of the necessary information and documents.	
	<input type="checkbox"/> Device Registration Certificate Application <input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee.)	
Please note that an incomplete application may result in processing delays.		

†This is the date that the facility opened for business under the name of the person submitting this registration application.

*****REMINDER*** All petroleum underground and aboveground storage tanks must be registered with the Texas Commission on Environmental Quality (TCEQ). Contact them at 512-239-2160 or visit <http://www.tceq.texas.gov/permitting/registration/pst/Am I Regulated.html>.**