COMMISSIONER SID MILLER TEXAS DEPARTMENT OF AGRICULTURE STRUCTURAL PEST CONTROL SERVICE

P.O. BOX 12077, AUSTIN, TEXAS 78711-2077

Phone: (512) 305-8250 or 866-918-4481 Fax: 888-232-2567

Internet Address: www.TexasAgriculture.gov/spcs (submit your renewal online)

Hearing Impaired: (800) 735-2988 (voice), (800) 735-2989 (TTY)

RENEWAL APPLICATION FOR CERTIFIED APPLICATOR LICENSE

Legal Name of Certified Applicator				License #			
Social Security No.*	Driver License No			Date of Birth			
Home Location Address_			G'.			Q	7.
Home Mailing Address_					ounty		Zip
Home Tel. No. (Street	Home Email:	City	C	ounty	State	Zip
Name of Company				T	PCL #		_If Applicable
Bus. Telephone No. ()	Bus. Fax No. ()		Bus. Emai	l:		
Location Address:							
Mailing Address:		City			ounty		Zip
	Street or P. O. Box	City		C	ounty	State	Zip
 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. I CERTIFY THAT I HAVE COMPLETED THE TRAINING REQUIRED BY SPSC REGULATION 7.134 FOR RENEWAL OF MY LICENSE. I CERTIFY THAT I HAVE NOT DEFAULTED ON A LOAN GUARANTEED BY THE TEXAS GUARANTEED STUDENT LOAN CORPORATION. 							
ENCLOS 91 days t	FIED APPLICATOI E LATE FEE: 90 days or o 1 year after expiration: a	R LICENSE RENEWAl less after expiration: add \$62 dd \$125.00		\$125.00			DATE \$ \$
TOTAL AMOUNT ENCLOSED							\$

Make Check Payable: Texas Department of Agriculture

Please check one:

Noncommercial

Commercial