

COMMISSIONER SID MILLER

P.O. Box 12847 Austin, Texas 78711 ◆ (877) 542-2474 ◆ (512) 463-7476 ◆ Hearing impaired: (800) 735-2988 voice ◆ www.TexasAgriculture.gov

Texas Department of Agriculture Service Technician Change of Information

RWM-709

A	¹ VERIFICATION INFORMATION								
SECTION	Service Technician Name								
SEC	Service Technician License Number								
Please provide ONLY the information that has changed.									
	¹ NEW PHYSICAL ADDRESS								
	Address	County							
	City	State	Zip						
	Directions to Physical Location if address above is difficult to find								
	² NEW MAILING ADDRESS								
ON B	Address								
SECTION B	City	State	Zip						
9 1	³ NEW CONTACT INFORMATION								
	Primary Phone	Seconda	ry Phone (optional)	Fax (optional)					
	() -	()	-	() -					
	E-mail Address								
	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.								

-Continued on next page-

This form can be emailed to <u>license.inquiry@TexasAgriculture.gov</u> or faxed to 800-909-8534.

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.)

Technician Name

	¹ EMPLOYER INFORMATION								
SECTION C	Employer Name		Primary 1		Phone				
	2			-					
	² NEW EMPLOYER'S PHYSICAL ADDRESS								
	Address								
	City	State			Zip				
	³ NEW EMPLOYER'S MAILING ADDRESS			Same as Physical Address					
	Address								
	City	State			Zip				
	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								
Į	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,								
19	revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties.								
SECTION D	Submitter's Name (print)		Title						
\mathbf{S}	-								
	Submitter's Signature		Date	/	/				
			month day year						