

**COMMISSIONER SID MILLER**  
**TEXAS DEPARTMENT OF AGRICULTURE**  
**STRUCTURAL PEST CONTROL SERVICE**  
P.O. BOX 12077, AUSTIN, TEXAS 78711-2076  
Phone: 877-542-2474

|                      |                          |
|----------------------|--------------------------|
| Please check one:    |                          |
| <b>Commercial</b>    | <input type="checkbox"/> |
| <b>Noncommercial</b> | <input type="checkbox"/> |

Internet Address: [www.TexasAgriculture.gov/spcs](http://www.TexasAgriculture.gov/spcs)  
Hearing Impaired: (800) 735-2988 (voice), (800) 735-2989 (TTY)

**RENEWAL APPLICATION FOR TECHNICIAN LICENSE**

|                                                                                                      |      |        |       |     |  |
|------------------------------------------------------------------------------------------------------|------|--------|-------|-----|--|
| <b>Legal Name of Technician</b> _____                                                                |      |        |       |     |  |
| First                                                                                                | MI.  | Last   |       |     |  |
| List all Aliases _____                                                                               |      |        |       |     |  |
| Social Security No.* _____ Texas DPS Issued Personal Identification Card or Driver License No. _____ |      |        |       |     |  |
| Home Location Address _____                                                                          |      |        |       |     |  |
| Street                                                                                               | City | County | State | Zip |  |
| Home Mailing Address _____                                                                           |      |        |       |     |  |
| Street                                                                                               | City | County | State | Zip |  |
| Contact Tel. No. ( ) _____ Date of Birth _____ Contact Email: _____                                  |      |        |       |     |  |

**Name of Company** \_\_\_\_\_ **TPCL #** \_\_\_\_\_ If Commercial License

Bus. Telephone No. ( ) \_\_\_\_\_ Bus. Fax No. ( ) \_\_\_\_\_ Bus. Email: \_\_\_\_\_

Location Address: \_\_\_\_\_

Street City County State Zip

Mailing Address: \_\_\_\_\_

Street or P. O. Box 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.**

I certify that I have completed the training required by SPCS Regulation 7.133 for renewal of my license.

I certify that I have not defaulted on a Loan Guaranteed by the Texas Guaranteed Student Loan Corporation.

|                                                                                           |                   |
|-------------------------------------------------------------------------------------------|-------------------|
| <b>SIGNATURE OF TECHNICIAN</b> _____                                                      | <b>DATE</b> _____ |
| TECHNICIAN LICENSE RENEWAL FEE @ \$125.00                                                 | \$ _____          |
| <u>ENCLOSE LATE FEE:</u> 90 days or less after expiration, send in an additional \$62.50. | \$ _____          |
| 91 days to a year after expiration, send in an additional \$125.00.                       | \$ _____          |
| <b>TOTAL AMOUNT ENCLOSED</b>                                                              | \$ _____          |

**Make Check Payable: Texas Department of Agriculture**

\*Disclosure of Social Security Number is mandatory under Tex. Occ. Code Chapt. 1951.