



COMMISSIONER SID MILLER

Texas Department of Agriculture
Structural Pest Control Services
Noncommercial Employer Registration

SPC-402

SECTION A	¹ BUSINESS TYPE		TDA USE ONLY	
	<input type="checkbox"/> Noncommercial <input type="checkbox"/> School <input type="checkbox"/> Noncommercial Political		Client No.	Account No.
			Date (mm/dd/yy)	Initials
	² APPLICANT INFORMATION			
	Full legal business name (owner's name if sole proprietor – no aliases)			
	D.B.A. (if applicable)			
Comptroller Taxpayer ID No. (required for in-state businesses)			Is this a temporary ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal Taxpayer ID No. (out-of-state businesses only)				
<input type="checkbox"/> Social Security No. (Sole Proprietor only) - -				

SECTION B	¹ RESPONSIBLE PERSON INSTRUCTIONS			
	Please list the full legal name (no aliases or nicknames) of the primary individual responsible for management and oversight of the business, as indicated:			
	<ul style="list-style-type: none"> ♦ For a corporation, limited liability company, cooperative, or other type of entity: the president, CEO, or manager (or similar function with title), ♦ For a limited or general partnership: the managing partner (or similar function with title), ♦ For a sole proprietorship: the owner. 			
	² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	First Name	M. I.	Last Name
Phone No. () - Ext.		E-mail		
³ RESPONSIBLE PERSON MAILING ADDRESS				
Address				
City		State	Zip	

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 552.021, 552.023, and 559.004.)

SECTION C	¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name
	Title		Primary Phone () - Ext.	
	Secondary Phone (optional) () - Ext.		Fax (optional) () - Ext.	
	E-mail			
² MAILING ADDRESS				
Address				
City		State	Zip	County

SECTION D	¹ FACILITY INFORMATION			
	Facility Name			
	² PHYSICAL ADDRESS OF FACILITY			
	Address (No P.O. Box)			
City		State	Zip	County
Directions to physical address if above location is difficult to find				

SECTION E	¹ RESPONSIBLE CERTIFIED APPLICATOR INFORMATION	
	Printed Name of Responsible Certified Applicator (required if Apprentices/Technicians will be registered)	TDA License No.
Signature of Responsible Certified Applicator		

SECTION F	LICENSE FEE FOR BUSINESS	
	Total Number of Apprentices ____ @ \$125.00 EACH Attach the applications of all apprentices to this application. Business must have at least one Certified Applicator to be designated responsible before any Apprentices/Technicians may be registered.	\$ ____
	Total Remitted	\$ ____

You must complete ALL licensing activity within one year of the application date. An incomplete application shall become void on the one-year anniversary of submission. A void application will not be processed. SPCS application fees are non-refundable.

SECTION G	¹ SIGNATURE	
	The applicant, by and through their signature below, or the signature of a duly authorized agent certify and acknowledge that: (1) all information provided in this application is true and correct; (2) any misrepresentation or false statement made in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license requested or issued as a result of this application, and/or assessment of monetary administrative penalties; and (3) if applying as an individual, that this application may be denied and any license requested or issued as a result of this application may be suspended, revoked, or denied due to delinquency in payment of a guaranteed student loan or for failure to pay child support. If signed by an agent (including 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 (print)	Title
Applicant Signature	Date (mm/dd/yyyy) / /	

**Mail to:
Texas Department of Agriculture
P.O. Box 12076
Austin, TX 78711-2076**

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

- Certificate of Insurance*noncommercial only* - 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." All information on the ALS-1101 MUST match the business registration exactly.**
- Any employees engaged in pest control services must be registered with a business entity.**