

COMMISSIONER SID MILLER
TEXAS DEPARTMENT OF AGRICULTURE
STRUCTURAL PEST CONTROL SERVICE
P.O. BOX 12847, AUSTIN, TEXAS 78711-2847
Phone 866-918-4481 Fax: 888-232-2567
Internet: www.TexasAgriculture.gov/spcs
Hearing Impaired: (800) 735-2988 (voice)

Sec. 593.4 Resident Agent

- (a) Licensees and applicants' residing outside of Texas must designate in writing a resident agent for service of process in actions taken in the administration and enforcement of the Texas Structural Pest Control Act.
- (b) Each resident agent must be a citizen of the state and maintain a permanent address within the state.
- (c) Instead of designating a resident agent, the applicant may designate the Texas Secretary of State as the recipient of service of process for the applicant. The Texas Secretary of State is automatically designated as the recipient of service of process for the applicant absent a designation by the applicant.

***Address for Secretary of State: P O Box 12887, Austin, Texas 78711**

TO THE TEXAS DEPARTMENT OF AGRICULTURE

Pursuant to the provisions of the Texas Structural Pest Control Act, the undersigned, being an applicant for a license to operate a structural pest control business with a home office, or principal place of business, located outside of the State of Texas, appoints the following individual, a resident of the State of Texas, as applicant's resident agent within Texas. Service may be made upon applicant's resident agent for any actions against applicant filed by the State of Texas or taken by the Texas Department of Agriculture related to the Texas Structural Pest Control Act. Applicant consents to the service of process upon applicant's resident agent. The resident agent will be the service agent of the applicant as required under the law and service of process, pleading, notice or other paper upon the resident agent in any action filed by the State of Texas or the Texas Department of Agriculture shall be deemed as valid service on the applicant.

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. () _____ Fax No. () _____

Signature of Applicant

Date