



COMMISSIONER SID MILLER

**Texas Department of Agriculture**  
**SPCS Business Change Form**

**SPC-001**

<b>SECTION A</b>	<b><sup>1</sup> VERIFICATION INFORMATION</b>	
	Full Legal Business Name	
	TDA Client No.	TDA License No. (TPCL)

Please provide **only** the information below that has changed.

<b>SECTION B</b>	<b><sup>1</sup> APPLICANT INFORMATION</b>
	Full Legal Business Name (owner's name if sole proprietor – no aliases)
	DBA (if applicable)

<b>SECTION C</b>	<b><sup>1</sup> CHANGE OF OWNERSHIP CANNOT BE REGISTERED WITH THIS FORM</b>			
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:			
	<ul style="list-style-type: none"> <li>For a corporation, limited liability company, cooperative, or other entity: the president, CEO, or manager (or functional equivalent with title);</li> <li>For a limited or general partnership: the managing partner (or functional equivalent with title)</li> <li>For any other type of business: the general manager (or functional equivalent with title).</li> </ul>			
	<b>If the tax identification number of your business has changed, a new application and fee is required. A new tax identification number indicates a change in ownership and the license does not transfer.</b>			
	<b><sup>2</sup> OWNER, PRESIDENT, CHIEF EXECUTIVE OFFICER (CEO), OR EQUIVALENT</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
<input type="checkbox"/> Ms. <input type="checkbox"/> _____				
Phone No. (     )     -     Ext.		E-mail		
<b><sup>3</sup> MAILING ADDRESS FOR THE OWNER, PRESIDENT, CEO OR EQUIVALENT</b>				
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 522.021, 522.023, and 559.004.)

<b>SECTION D</b>	<b><sup>1</sup> CHANGE IN RESPONSIBLE CERTIFIED APPLICATOR</b>	
	Name of new Responsible Certified Applicator (Please Print)	License Number (required)
	Signature of new Responsible Certified Applicator (Required)	Date

<b>SECTION E</b>	<b><sup>1</sup> CHANGE PERSON TO CONTACT FOR LICENSE-RELATED MATTERS</b>			
	<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 Address			
	<p><b>***Important Note***</b> I understand that if I provide my email address, the Texas Department of Agriculture may, from time to time, send electronic communications to me that will keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. If I fail to provide an email address, I understand that I may not receive time-sensitive or important communications that could affect my license or compliance with state regulations, and, as a result, risk the imposition of monetary or other penalties.</p>			
<b><sup>2</sup> MAILING ADDRESS</b>				
Address				
City		State	Zip	

<b>SECTION F</b>	<b><sup>1</sup> CHANGE LOCATION INFORMATION</b>			
	Facility Name			
	<b><sup>2</sup> PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT</b>			
	Address (No P.O. Box)			
	City		State	Zip
Directions to Physical Location if address above is difficult to find				
If the physical address changes it is required that a new ALS-1101 Certificate of Insurance is submitted reflecting the new physical address.				

<b>SECTION G</b>	<b><sup>1</sup> OUT OF BUSINESS</b>	
	Please close my business.	
	Signature of Licensee	Date

<b>SECTION H</b>	<b><sup>1</sup> SIGNATURE</b>		
	By submitting this form, the submitter 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 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, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties.		
	Submitter's Name (print)	Title	
	Submitter's Signature (required)	Date (mm/dd/yyyy) / /	

Send completed form to:  
 Texas Department of Agriculture,  
 PO BOX 12847, Austin, TX  
 78711-2847  
 or  
[spcslicensing@texasagriculture.gov](mailto:spcslicensing@texasagriculture.gov)

# SPCS Business Change Form

## SPC-001

Section A and H are required. For all other sections, **ONLY** update the information that needs to be changed.

### SECTION A

#### 1. VERIFICATION INFORMATION

- a. Enter your Full Legal Business Name and TDA TPCL number. Client number is optional.
- 

Section A and H are required. For all other sections **ONLY** update the information that needs to be changed. Specific instruction to update information is below.

---

### SECTION B

#### 1. APPLICANT INFORMATION

- a. This information will be used to generate your license. Enter the full legal business name as it is registered. If applicable, also enter a Doing-Business-As (DBA) name. If full legal business name caused a change in tax ID, a new business license application and fee is required.
  - b. Sole Proprietors must use their legal name – no aliases.
- 

### SECTION C

#### 1. CHANGE OF OWNERSHIP CANNOT BE REGISTERED WITH THIS FORM

- a. A new application and fee are ~~is~~ required if the tax identification number for the business has changed. A new tax identification number indicates a change in ownership. The license does not transfer.

#### 2. OWNER, PRESIDENT, CEO, OR EQUIVALENT

- a. Legal name of owner, president, CEO, or equivalent executive responsible for the overall management and conduct of the business, including legal responsibility for the actions or inactions of the business. Enter the contact information for this individual.

#### 3. MAILING ADDRESS

- a. Mailing address for the owner, president, CEO, or equivalent. This is the address ~~where~~ for correspondence related to legal and compliance issues.
  - b. **Use section E** to change the mailing address for general correspondence and correspondence related to licensing and invoices.
- 

### SECTION D

#### 1. CHANGE IN RESPONSIBLE CERTIFIED APPLICATOR (RCA)

- a. Change the individual who is designated as the responsible certified applicator.
  - b. New RCA must sign form prior to submission to TDA.
-

## SECTION E

### 1. CHANGE PERSON TO CONTACT FOR LICENSE-RELATED MATTERS

- a. Update the name of a person, along with contact information, designated to receive correspondence and other communications about license-related issues.
- b. All general correspondence and correspondence related to licensing and invoices, ~~licenses, and renewals~~ will be sent to the mailing address listed in section E. TDA will send a renewal invoice to the contact person identified in section E approximately 30 to 45 days in advance of the expiration of the business's license. The invoice will include instructions to access TDA's website. The contact employee will then be able to view and renew the business's license. A business can appoint one contact person to manage all of the company's licenses issued by TDA.
- c. Phone number used to contact business.
- d. Email for electronic correspondence or communications to the licensee, with the licensee's consent.

### 2. MAILING ADDRESS

- a. Enter the address where the designated contact person will receive renewals, licenses, and general correspondence.
- 

## SECTION F

### 1. CHANGE LOCATION INFORMATION

- a. Name of the facility. The name must match the "doing business as (DBA)" name for the owner or operator of the facility that is filed with the Texas Secretary of State, the county where the facility is located, or the county where the principal place of business for the company is located

### 2. PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT

- a. Address where the business operates, such as where business equipment, pesticides, or records are kept. Must be a physical location.
  - b. **PLEASE NOTE:** If the physical address changes it is required that a new ALS-1101 Certificate of Insurance is submitted reflecting the new physical address.
- 

## SECTION G

### 1. OUT OF BUSINESS

- a. This section is used to inform TDA that the business or facility has ceased operations and is closed. The signature of the Responsible Party is required to close the business. The date written in this section will be utilized by TDA to determine the effective date of the business closure.
- 

## SECTION H

### 1. SIGNATURE

- a. Signature of business representative.