

COMMISSIONER SID MILLER

P.O. Box 12076 Austin, Texas 78711 ◆ (877) 542-2474 ◆ (512) 463-7476 ◆ Hearing impaired: (800) 735-2988 voice ◆ (800) 735-2989 (TTY) www.TexasAgriculture.gov

## **Texas Department of Agriculture**

Application for Pesticide Applicator License

PA-400P

	<sup>1</sup> APPLICATION TYPE AND FEE		TDA USE ONLY						
<b>SECTION A</b>	Private Applicator License Fee: \$100.00			Client No.	Account No.				
	This license is for application of pesticides and herbicides on one's property								
$\overline{\mathbf{CT}}$	or the property of one's employer if the application is for the purposes of			Date (mm/dd/yy)	Initials				
$\mathbf{SE}$	agricultural commodity production. Once issued, the license will be valid			/ /	Till till till till till till till till				
	for five years.			, ,					
SECTION B	<sup>1</sup> APPLICANT INFORMATION								
	Driver License No (1			☐ TX					
	State Issued ID No.	( if DL is not available)			_				
	First Name (Legal Name on Photo ID) M. I.	Last Nam	e	Suffix					
	Mailing Address								
	City	State	Zip	Phone					
				( ) -	Ext.				
	<sup>1</sup> PERSON TO CONTACT FOR LICENSE-R	ELATED N	MATTERS	SAME AS A	ROVE.				
	First Name M. I.	Last Nam			DO VE				
	Primary Phone	Secondary Phone (optional)							
	( ) - Ext. ( ) -			Ext.					
	Fax (optional)								
۲)	( ) - Ext.								
SECTION C	E-mail Address:								
CT	***Important Note*** I understand that my email address is required by the Texas Department of Agriculture to keep me								
SE	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 and result in monetary penalties.								
	<sup>2</sup> MAILING ADDRESS SAME AS APPLICANT ADDRESS								
	Address								
	City			State	Zip				

This document 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.)

Applicant Name	
11	

	<sup>1</sup> FACILITY (LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT)							
	Facility Name (If applicable)							
D	<sup>2</sup> PHYSICAL ADDRESS OF FACILITY							
SECTION D	Address (No P.O. Box)							
	City State		Zip	County				
	Directions to Physical Location							
	<sup>1</sup> SIGNATURE							
SECTION E	The applicant, by signature below, (1) certifies that all information provided in or in connection with this application is true and correct; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in or in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent or 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 Name (print)							
	Applicant Signature		Date (mm/dd/yy)					
			/ /					
	<sup>1</sup> CHECKLIST							
F	Please use this checklist to ensure you are sending all of the necessary information and documents.							
ON	Pesticide Applicator Application							
SECTION	Private Applicator Training Verification (white copy of PA-404/D-1411, yellow copy is for your records)							
	Fee (\$100)							
	Please note that an incomplete application may result in denial or delay in processing the application.							

Mail to:

Texas Department of Agriculture P.O. Box 12076 Austin, TX 78711-2076