



Texas Department of Agriculture
Structural Pest Control Services
Commercial Business License Application

SPC-401

COMMISSIONER SID MILLER

SECTION A	¹ BUSINESS TYPE		TDA USE ONLY	
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	Client No.	Account No.
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> General Partnership	Date (mm/dd/yy)	Initials
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Cooperative		
	² APPLICANT INFORMATION			
Full legal business name (owner's name if sole proprietor – no aliases)				
D.B.A. (if applicable)				
Comptroller Taxpayer ID No. (in-state businesses only)			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 entity: the president, CEO, or manager (or functional equivalent with title); ◆ For a limited or general partnership: the managing partner (or functional equivalent with titled); ◆ For a sole proprietorship: the owner; ◆ For any other type of business: the general manager (or functional equivalent with title). 			
	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 THE BUSINESS			
	Address (No P.O. Box)			
	City		State	Zip
Directions to physical address if the above location is difficult to find				

SECTION E	¹ RESPONSIBLE CERTIFIED APPLICATOR INFORMATION	
	Printed name of responsible Certified Applicator	TDA License No.
	Signature of responsible Certified Applicator	

SECTION F	LICENSE FEE FOR BUSINESS	\$300
	Total Number of Apprentices ____ @ \$125.00 EACH Attach the applications of all apprentices to this application. If applicable, technicians and certified applicators must submit separate applications for license change or renewal along with appropriate fees.	\$ ____
	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 signature below, or by signature of a duly authorized agent, certifies and acknowledges 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, 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 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 will be required to be sent to the SPCS in order to complete the application process:

- Certificate of Insurance - 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.**
- Register all employees of the business. For each individual who has not been previously licensed, complete the SPT-430 form or use the online registration system. For previously licensed individuals that are changing from one company to another, or for individuals that want to add an additional license for another location, complete and submit the SPT-002, license change form. These forms may be obtained from the SPCS website through the link to "forms."**