



Texas Department of Agriculture
Agricultural Pesticide Commercial Business
Change of Information

PAB-301

COMMISSIONER SID MILLER

SECTION A	¹ VERIFICATION INFORMATION		TDA USE ONLY	
	Full legal business name		Date	Initials
	TDA Client No.	TDA Account No.		

Please provide **ONLY** the information that has changed.

SEC. B	¹ APPLICANT INFORMATION
	DBA (if applicable)

SECTION C	¹ RESPONSIBLE PERSON INSTRUCTIONS		
	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"> ♦ For a corporation, limited liability company, or cooperative, the president or CEO ♦ For a limited or general partnership, the managing partner or general manager ♦ For a sole proprietorship, the owner ♦ For any other type of business, the general manager 		
	You may change the CEO, President, Managing Partner, or General Partner information only. If you are a Sole Proprietor, and there is a change in ownership, you must apply for a new business registration.		
	² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER		
	First Name	M.I.	Last Name
	Phone No. Ext.	E-mail	
³ RESPONSIBLE PERSON MAILING ADDRESS			
Address			
City	State	Zip	

SECTION D	¹ PERSON TO CONTACT FOR BUSINESS-RELATED MATTERS			
	First Name		M.I.	Last Name
	Primary Phone		Secondary Phone (optional)	
	Ext.		Ext.	
	E-mail			
	² MAILING ADDRESS			
Address				
City		State	Zip	

SECTION E	¹ FACILITY INFORMATION			
	Facility Name			
	² PHYSICAL ADDRESS OF APPLICATOR BUSINESS			
	Address <u>(No P.O. Box)</u>			
	City	State	Zip	County
Directions to Physical Location if address above is difficult to find:				

SEC. F	¹ INSURANCE INFORMATION	
	Insurance Company Name	Policy No.

SECTION G	¹ EMPLOYED LICENSED APPLICATOR INFORMATION	
	Printed Name of Licensed Commercial Applicator(s)	TDA License No.
	-----	-----
	-----	-----
	-----	-----

SECTION H	¹ SIGNATURE	
	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.	
	Applicant Name (print)	Title
	Applicant Signature	Date

This form can be mail to:
Texas Department of Agriculture
P.O. Box 12847
Austin, TX 78711

Or emailed to: license.inquiry@TexasAgriculture.gov

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.)