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 www.TexasAgriculture.gov

Texas Department of Agriculture
Service Company Application

COMMISSIONER SID MILLER

RWM-705

1 TYPE OF APPLICATION			
<input type="checkbox"/> New Business		<input type="checkbox"/> Change of Ownership – previous account number: _____	
2 BUSINESS TYPE			TDA USE ONLY
<input type="checkbox"/> Corporation		<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Limited Liability Co.		<input type="checkbox"/> Government	
<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Nonprofit Organization	
<input type="checkbox"/> General Partnership		Client No.	Account No.
		Date (mm/dd/yy)	Initials
		/ /	
3 CLIENT INFORMATION			
SECTION A	Full legal name of business (owner's name if sole proprietor – no aliases)		
	D.B.A. (if applicable)		
	Comptroller Taxpayer ID No.(In-state businesses)		Federal Tax ID No.(Out-of-state businesses and nonprofit organizations)
	SOLE PROPRIETORSHIP ONLY		
<input type="checkbox"/> Social Security No. (SSN - Required)		<input type="checkbox"/> If you do not have an SSN you must attach Form OGC-001, Affidavit for Occupational License - No Social Security Number , available at http://www.agr.state.tx.us	
- -			
<input type="checkbox"/> Driver License No. _____ (if SSN is not available)		<input type="checkbox"/> TX	
<input type="checkbox"/> State Issued ID No. _____ (if DL is not available)		<input type="checkbox"/> Other _____	

SECTION B	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. 		
2 RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER			
First Name		M. I.	Last Name
Phone No.		E-mail	
() - Ext.			

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.)

Legal Business Name _____

SEC. B (cont' d.)	³ RESPONSIBLE PERSON MAILING ADDRESS		
	Address		
	City	State	Zip
Internet Address of Business if applicable			

SECTION C	¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS		
	First Name	M. I.	Last Name
	Primary Phone () - Ext.	Secondary Phone (optional) () - Ext.	
	Fax (optional) () - Ext.		
	E-mail Address		
	<p>***Important Note*** I understand that my email address is required by the Texas Department of Agriculture to keep me 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.</p>		
	² MAILING ADDRESS		
Address			
City	State	Zip	

SECTION D	¹ FACILITY INFORMATION		
	Facility Name		
	² PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT		
	Address (No P.O. Box)		
	City	State	Zip
Directions to Physical Location			

Legal Business Name _____

SECTION E	¹ OUT-OF-STATE APPLICANTS ONLY		
	An applicant for a Service Company license whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas. This information is REQUIRED if the address provided in Section C is out of state.		
	Resident Agent Name		
	Resident Agent Address (must be within the State of Texas)		
	City	Zip	Business Phone () -

SECTION F	¹ EQUIPMENT TO BE SERVICED (CHECK ALL THAT APPLY)		
	<input type="checkbox"/> Class 1: Scales 0 to 300 pounds capacity (\$150) <input type="checkbox"/> Class 2: Scales 301 to 3000 pounds capacity (\$150) <input type="checkbox"/> Class 3: Scales 3001 to 40,000 pounds capacity (\$150) <input type="checkbox"/> Class 4: Scales more than 40,000 pounds capacity (\$150) <input type="checkbox"/> Class 7: Liquid Petroleum Gas (LPG) measuring devices (\$150)		

SECTION G	¹ INSURANCE INFORMATION			
	Name of Insurance Company		Name of Local Agency	
	Address			
	City		State	Zip
	Business Phone () -		Fax () -	

SEC. G	³ POLICY INFORMATION			
	Policy No.		Policy Limits	
	Effective Date / / month day year		Expiration Date / / month day year	

