

1 MEDICICATION INCODMATION

P.O. Box 12847 Austin, Texas 78711 ◆ (877) 542-2474 ◆ (512) 463-7476 ◆ Hearing impaired: (800) 735-2988 voice ◆ www.TexasAgriculture.gov

## Texas Department of Agriculture Pesticide Registrant Change of Business Information

PR-201

Mail to: Texas Department of Agriculture, Attn: Product Registration, P.O. Box 12847, Austin, TX. 78711; or E-Mail to: <a href="mailto:Product.Registration@TexasAgriculture.gov">Product.Registration@TexasAgriculture.gov</a> or fax to 888-216-9860.

The Texas Administrative Code requires you to provide TDA with current information. Changes should be submitted to TDA within 30 days. Failure to provide such information may be grounds for denial, suspension, or revocation of the license.

|           | VERIFICATION INFORMATION   |   |           |     |        |  |  |  |  |
|-----------|--|---|-----------|-----|--------|--|--|--|--|
| SECTION A | TDA Client Name  |   |           |     |        |  |  |  |  |
|           | TDA Client No.   | Will all accounts listed under TDA Client No. need the information change?  Yes No If No, list TDA License Account No.(s) in Section F to be changed. |           |     |        |  |  |  |  |
|           | Complete ONLY the sections where information has changed.  |   |           |     |        |  |  |  |  |
|           | <sup>1</sup> RESPONSIBLE PERSON INSTRUCTIONS   |   |           |     |        |  |  |  |  |
|           | Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:  |   |           |     |        |  |  |  |  |
|           | <ul> <li>For a corporation, limited liability company, or cooperative, the president or CEO</li> </ul>   |   |           |     |        |  |  |  |  |
|           | <ul> <li>For a limited or general partnership, the managing partner or general manager</li> </ul>  |   |           |     |        |  |  |  |  |
|           | For any other type of business, the general manager  |   |           |     |        |  |  |  |  |
| N B       | 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 license. |   |           |     |        |  |  |  |  |
| [IO       | <sup>2</sup> RESPONSIBLE OFFICER, PARTNER, OR MANAGER  |   |           |     |        |  |  |  |  |
| SECTION   | Mr. First Name Mrs.  | M. I.   | Last Name |     |        |  |  |  |  |
|           | Phone No. ( ) - Ext.   | E-mail  | E-mail    |     |        |  |  |  |  |
|           | <sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS  |   |           |     |        |  |  |  |  |
|           | Address  |   |           |     |        |  |  |  |  |
|           | City   | State   |           | Zip | County |  |  |  |  |
|           |  |   |           |     |        |  |  |  |  |

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

|           | <sup>1</sup> PERSON TO CONTACT FOR LICENSE-RELATED MATTERS   |                         |                           |                          |                      |  |  |
|-----------|--|-------------------------|---------------------------|--------------------------|----------------------|--|--|
| SECTION C | ☐ Mr. ☐ Mrs.   | First Name              | M. I.                     | Last Name                |                      |  |  |
|           | Title  |                         |                           | Primary Phone ( ) - Ext. |                      |  |  |
|           | Secondary Phone (optional) ( ) - Ext.  |                         | Fax (optional) ( ) - Ext. |                          |                      |  |  |
|           | E-mail Address   |                         |                           |                          |                      |  |  |
|           | ***Important Note*** 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 risk the imposition of monetary or other penalties.  |                         |                           |                          |                      |  |  |
|           | <sup>2</sup> PERSON TO   | CONTACT MAILING ADDRESS |                           |                          |                      |  |  |
|           | Address  |                         |                           |                          |                      |  |  |
|           | City   |                         | State                     | Zip                      | County               |  |  |
|           | <sup>1</sup> NEW RESIDENT AGENT - OUT-OF-STATE BUSINESSES ONLY   |                         |                           |                          |                      |  |  |
| SECTION D | New Resident Agent Name  |                         |                           |                          |                      |  |  |
|           | New Resident Agent Address   |                         |                           |                          |                      |  |  |
|           | City   |                         | Zip                       |                          | Business Phone ( ) - |  |  |
|           | <sup>1</sup> SIGNATURE   |                         |                           |                          |                      |  |  |
| SECTION E | By submitting changes to licensing information, the person submitting the changes 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                    | tle                  |  |  |
|           | Applicant Signature  |                         |                           | Date / / month day year  |                      |  |  |

Legal Business Name

|           | Please list the TDA Product License No.(s) to be changed for the TDA Client No. provided in Section A. <sup>1</sup> TDA Product License No (s) List. |     |                     |           |  |  |  |
|-----------|--|-----|---------------------|-----------|--|--|--|
|           |  | IDA | Trouder Electise No | (S) LIST. |  |  |  |
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| SECTION F |  |     |                     |           |  |  |  |
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