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 www.TexasAgriculture.gov

**Texas Department of Agriculture**  
**Public Weigher Certificate of Authority Application**

**RWM-702**

COMMISSIONER SID MILLER

<b>SECTION A</b>	<b><sup>1</sup> TYPE OF APPLICATION</b>				
	<input type="checkbox"/> New Business		<input type="checkbox"/> Change of Ownership – previous account number: _____		
	<b><sup>2</sup> BUSINESS TYPE</b>			<b>TDA USE ONLY</b>	
	<input type="checkbox"/> Corporation		<input type="checkbox"/> Sole Proprietorship	Client No.	Account No.
	<input type="checkbox"/> Limited Liability Co.		<input type="checkbox"/> Government	Date (mm/dd/yy)	Initials
	<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Nonprofit Organization		
	<input type="checkbox"/> General Partnership				
	<b><sup>3</sup> CLIENT INFORMATION</b>				
	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 org. )			
<b>SOLE PROPRIETORSHIP ONLY</b>					
<input type="checkbox"/> Social Security No. (SSN - Required) - -		<input type="checkbox"/> If you do not have an SSN you must attach Form OGC-001, <a href="#">Affidavit for Occupational License - No Social Security Number</a> , available at <a href="http://www.TexasAgriculture.gov">www.TexasAgriculture.gov</a>			
<input type="checkbox"/> Driver License No. _____ (if SSN is not available)		<input type="checkbox"/> TX	<input type="checkbox"/> Other _____		
<input type="checkbox"/> State Issued ID No. _____ (if DL is not available)					

**Note:** Applicants must submit their original bond **WITH** the application for Certificate of Authority. The initial or issue(?) date of the Bond should be within two weeks of submission of the application for Certificate of Authority.

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.)

SECTION B	<b><sup>1</sup> RESPONSIBLE PERSON INSTRUCTIONS</b>		
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business		
	<b><sup>2</sup> RESPONSIBLE OFFICER, PARTNER, MANAGER, MEMBER OR OWNER</b>		
	First Name	M. I.	Last Name
	Phone No. (     )     -     Ext.	E-mail	
<b><sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS</b>			
Address			
City		State	Zip
Internet Address of Business if applicable			

SECTION C	<b><sup>1</sup> PERSON TO CONTACT FOR LICENSE-RELATED MATTERS</b>		
	First Name	M. I.	Last Name
	Primary Phone (     )     -     Ext.	Secondary Phone (optional) (     )     -     Ext.	
	Fax (optional) (     )     -     Ext.		
	E-mail Address		
	<p><b>***Important Note***</b> 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>		
	<b><sup>2</sup> MAILING ADDRESS</b>		
	Address		
City		State	Zip

<b>SECTION D</b>	<b><sup>1</sup> FACILITY INFORMATION – NAME OF LICENSEE</b>			
	Facility Name			
	<b><sup>2</sup> PHYSICAL ADDRESS OF LOCATION (WHERE WEIGHING WILL TAKE PLACE)</b>			
	Address (No P.O. Box)			
	City	State	Zip	County
Directions to Physical Location				

<b>SECTION E</b>	<b><sup>1</sup> OUT-OF-STATE APPLICANTS ONLY</b>		
	An applicant for a Public Weigher 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. If address provided in Section B is out of state resident agent information is <b>REQUIRED</b> .		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	Resident Agent Name		
	Resident Agent Address (must be within the State of Texas)		
City	Zip	Business Phone (    )    -	

<b>SEC. F</b>	<b><sup>1</sup> PUBLIC WEIGHER FEE</b>
	Public Weigher – (\$500 fee) – Proceed to Section G

<b>SECTION G</b>	<b><sup>1</sup> PAYMENT</b>	
	<b>REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.</b>	
	Method of Payment (payable to the Texas Department of Agriculture) <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier’s Check # _____ <input type="checkbox"/> Money Order # _____	
	Amount remitted \$	Mail to: The Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076
	<b>TDA USE ONLY</b>	Receipt No.                      Date Receipt Issued

<b>SECTION H</b>	<b><sup>1</sup> SIGNATURE</b>	
	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	Title
	Applicant Signature	Date     /     / month day year

<b>SECTION I</b>	<b><sup>1</sup> CHECKLIST</b>
	Please use this checklist to ensure you are sending all of the necessary information and documents. <input type="checkbox"/> Public Weigher Certificate of Authority Application (signed and dated) <input type="checkbox"/> Fee (\$500) <input type="checkbox"/> Bond of Public Weigher in the amount of \$10,000 for a duration of 2 years
	<b>Please note that an incomplete application may result in processing delays.</b>