



P.O. Box 12076 Austin, Texas 78711 ♦ (877) 542-2474 ♦ (512) 463-7476 ♦
 Hearing impaired: (800) 735-2988 voice ♦ (800) 735-2989 (TTY)
 www.TexasAgriculture.gov

Texas Department of Agriculture
Application for Pesticide Dealer License

PD-100

COMMISSIONER SID MILLER

SECTION A	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	Client No.	Account No.
	<input type="checkbox"/> Limited Liability Co.		<input type="checkbox"/> Government		
	<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Nongovernment Organization	Date (mm/dd/yy)	Initials
	<input type="checkbox"/> General Partnership			/ /	
	License application fee: \$250 for 2 years				
	³ CLIENT INFORMATION				
	Full legal name of business as registered with the Texas Secretary of State (owner's name if sole proprietor – no aliases)				
D.B.A. (if applicable)					
Comptroller Taxpayer ID No.(In-state businesses)			Federal Taxpayer ID No.(Out-of-state businesses and nonprofit org.)		
SOLE PROPRIETORSHIP ONLY					
<input type="checkbox"/> Social Security No. (SSN - Required)		<input type="checkbox"/> If you do not have a SSN you must attach form Affidavit for Occupational License - No Social Security Number (OGC-001) available at http://www.TexasAgriculture.gov			
<input type="checkbox"/> Drivers 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 _____			

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.)

Legal Name of Business _____

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. () - Ext.		E-mail

SECTION 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		
	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.		
	² MAILING ADDRESS		
	Address		
	City	State	Zip

¹ FACILITY INFORMATION
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Legal Name of Business _____

SECTION D	Facility Name			
	² PHYSICAL ADDRESS OF FACILITY			
	Address (No P.O. Box)			
	City	State	Zip	County
	Directions to Physical Location			

SECTION E	¹ OUT-OF-STATE APPLICANTS ONLY			
	An applicant for a Pesticide Dealer’s 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 the address provided in Section B is out of state, resident agent information is REQUIRED .			
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list on next page)			
	Resident Agent Name			
	Resident Agent Address			
	City	State	Zip	Business Phone () -

SECTION F	¹ PAYMENT	
	Please see instructions for applicable fees.	
	License Should Become Effective / / month day year LICENSE IS NOT VALID UNTIL APPROVED BY TDA.	
	Method of Payment (payable to Texas Department of Agriculture) <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier’s Check # _____ <input type="checkbox"/> Money Order # _____	
	Amount remitted \$	Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076

I	¹ SIGNATURE
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Legal Name of Business _____

<p>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.</p>	
Applicant Name (print)	Title
Applicant Signature	Date / / month day year

SECTION H	¹ CHECKLIST
	<p>Please use this checklist to ensure you are sending all of the necessary information and documents.</p> <p><input type="checkbox"/> Pesticide Dealer Application</p> <p><input type="checkbox"/> Fee (see instructions.)</p>
	Please note that an incomplete application may result denial or delay in processing the application.