

# INSTRUCTIONS FOR PAB-301 AGRICULTURAL PESTICIDE COMMERCIAL BUSINESS CHANGE OF INFORMATION

**Complete only the sections where information has changed and return to TDA.** 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

For assistance in completing the form, call 1-800-TELL-TDA (835-5832) or (512) 463-7622. For the hearing impaired, call Relay Texas 1-800-735-2988 (voice) or 1-800-735-2989 (TDD/TT).

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## SECTION A

### 1. VERIFICATION INFORMATION

Enter the Full Legal Business Name, TDA Client Number, and TDA Account Number. If the tax identification number of your business has changed, a new application is required. A new tax identification number indicates a change in ownership and the business registration does not transfer.

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## SECTION B

### 1. APPLICANT INFORMATION

If applicable, enter the company's Doing-Business-As (DBA) name.

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## 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:

- 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's full legal name
- 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 license.**

### 2. RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER

Enter the name and contact information of the person responsible for the business.

### 3. RESPONSIBLE PERSON MAILING ADDRESS

Enter the address of the person responsible for the business.

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## SECTION D

### 1. PERSON TO CONTACT FOR BUSINESS-RELATED MATTERS

Enter the name and contact information of the person designated to receive correspondence and answer questions regarding this business registration. All correspondence will be sent to the Person to Contact.

### 2. MAILING ADDRESS

Enter the address at which the Person of Contact can receive TDA correspondence.

## **SECTION E**

### **1. FACILITY INFORMATION**

Enter the facility name.

### **2. PHYSICAL ADDRESS OF APPLICATOR BUSINESS**

Enter the actual physical street address of the facility. A PO Box is not accepted.

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## **SECTION F**

### **1. INSURANCE INFORMATION**

- Please provide the insurance company name and insurance policy number for your business.
  - Applicator businesses must provide certification of financial responsibility in the amount of \$100,000 property damage and \$100,000 bodily injury per occurrence. The insurance policy is required to protect persons who may suffer damages as a result of the operations of the applicator business, its employees, and its agents.
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## **SECTION G**

### **1. EMPLOYED LICENSED APPLICATOR INFORMATION**

Applicator businesses are required to have at least one licensed commercial applicator employed. Please indicate the name and license number of the commercial applicator employed by the business. If the business owner has a commercial license, indicate that in this field.

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## **SECTION H**

### **1. SIGNATURE**

After reading the summary, print and sign your name, and date the form. Your signature here indicates that you have read the summary and that you are aware of your responsibilities regarding the issuance of the requested business registration.