

INSTRUCTIONS FOR PAB-300

AGRICULTURAL PESTICIDE COMMERCIAL BUSINESS REGISTRATION

An applicator business means a person who applies a restricted-use pesticide, state-limited-use pesticide, or regulated herbicide to the land of another for compensation and is either a licensed commercial applicator or employs at least one licensed commercial applicator. All sections on the application must be completed, unless otherwise noted on the application and these instructions, and returned to TDA. The application may be duplicated. For assistance in completing the application, 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).

SECTION A

1. BUSINESS TYPE

Check the box that identifies your type of business. Check “Other” and specify the business type if not listed. Once submitted, this information cannot be changed. If you have a change in your business type, a new application must be submitted.

2. APPLICANT INFORMATION

Enter the full legal business name as it is registered. If applicable, also enter a Doing-Business-As (DBA) name.

- An 11-digit Comptroller Taxpayer ID Number is required for in-state businesses.
 - A 9-digit Federal Taxpayer ID Number is required for out-of-state businesses.
 - A driver’s license number or state ID number is required for sole proprietorship.
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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:

- 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

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.

SECTION C

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 and documents 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 D**1. FACILITY INFORMATION (PRINCIPAL LOCATION OF LICENSEE, LICENSED ACTIVITIES)**

Enter the name of the primary facility of licensee and licensed activities (commercial pesticide applications). For example, the business name or person's name if there is not an established business name.

2. PHYSICAL ADDRESS OF APPLICATOR BUSINESS

Enter the actual physical street address of the licensee, and licensed activities. If difficult to locate, include directions to the physical location. A PO Box is not accepted.

SECTION E**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 F**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.

SECTION G**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.