

INSTRUCTIONS FOR PA-406 PESTICIDE APPLICATOR CHANGE OF INFORMATION FORM

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 directly (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. LICENSEE IDENTIFICATION INFORMATION

Enter your Full Legal Business Name and TDA License Number.

SECTION B

1. CHANGE TO PERSON'S LEGAL NAME

Legal Name Change - Enter the new name of the licensee. Include a copy of the legal document that authorizes this change (marriage license, divorce decree, court order, etc.)

SECTION C

1. NEW PHYSICAL ADDRESS

Enter the physical address of the licensee, licensed activities, or the equipment. A P.O. Box may NOT be listed as a physical address. Enter the phone number and email address for the licensee. This information will assist TDA inspectors in locating your business in the event that an inspection is needed.

SECTION D

1. NEW PERSON TO CONTACT FOR LICENSE-RELATED MATTERS

Enter the name of the person to contact for license-related matters (if someone other than the licensee).

2. NEW MAILING ADDRESS

Enter the mailing address for the person to contact.

3. NEW CONTACT INFORMATION

Enter the phone number and email address for the person to contact. All correspondence, licenses, and other documents will be sent to the Person to Contact at the email address listed. Approximately 30 – 45 days in advance of the expiration date of the license/certificate, the contact employee will receive a renewal invoice via email that will include a login ID and password to access TDA's internet website. The contact employee will then be able to conduct business related to their assigned license(s) online, including viewing their licenses, making changes to their company information, and renewing their licenses. A business can appoint one contact person to manage online all of the company's licenses.

-Continued-

SECTION E**1. NEW FACILITY NAME**

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

2. NEW FACILITY ADDRESS

Enter the actual physical street address of the licensee or licensed activities and include directions to this location (if difficult to locate). Please do not enter a P.O. Box. For example, private applicators will indicate their name and the address of the primary location of their pesticide applications. Noncommercial political applicators should provide the business name of where you report to work and make applications.

COMMERCIAL/NONCOMMERCIAL/NONCOMMERCIAL POLITICAL SUBDIVISION ONLY**3. NEW EMPLOYER INFORMATION**

Provide the name and phone number of your employer.

4. NEW EMPLOYER ADDRESS

Enter the physical location of your employer's business.

SECTION F**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 license.