



Texas Department of Agriculture
Pesticide Applicator Change of Information

PA-406

COMMISSIONER SID MILLER

SECTION A	¹ LICENSEE IDENTIFICATION INFORMATION			
	First Name (No nicknames)	M.I.	Last Name	Suffix
	TDA License No. (Required)			

Please provide **only** the information below that has **changed**.

SEC B	¹ CHANGE TO PERSON'S LEGAL NAME (INCLUDE COPY OF LEGAL DOCUMENT)			
	First Name	M.I.	Last Name	Suffix

SECTION C	¹ NEW PHYSICAL ADDRESS			
	Address (No P.O. Box)			
	City	State	Zip	
	Phone Number	E-mail Address		

SECTION D	¹ NEW PERSON TO CONTACT FOR LICENSE-RELATED MATTERS			
	First Name	M.I.	Last Name	Suffix
	² NEW MAILING ADDRESS			<input type="checkbox"/> SAME AS PHYSICAL ADDRESS
	Address			
	City	State	Zip	
	³ NEW CONTACT INFORMATION			
	Primary Phone		Secondary Phone (optional)	
	E-mail Address			
	<p>***Important Note*** I understand that my email address is required for 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, thereby, resulting in monetary penalties.</p>			

SECTION E	¹ NEW FACILITY NAME			
	Facility Name (Person or Business Name)			
	² NEW FACILITY ADDRESS			
	Address <u>(No P.O. Box)</u>			
	City	State	Zip	County
	Directions to Physical Location (if difficult to locate)			
	COMMERCIAL/NONCOMMERCIAL/ NONCOMMERCIAL POLITICAL SUBDIVISION ONLY			
	³ NEW EMPLOYER INFORMATION			
	Employer Name		Primary Phone	
	⁴ NEW EMPLOYER ADDRESS			<input type="checkbox"/> SAME AS FACILITY ADDRESS
Address				
City		State	Zip	

SECTION F	¹ SIGNATURE	
	By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct to the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties.	
	Applicant Name (print)	Title
	Applicant Signature	Date

Send completed form to: license.inquiry@TexasAgriculture.gov

or mail to: Texas Department of Agriculture
 P.O. Box 12847
 Austin, TX 78711

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.)