<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td><strong>Type of License</strong> (Check the type of license and provide your TDA license number)</td>
</tr>
<tr>
<td>B</td>
<td><strong>Applicant Information</strong></td>
</tr>
<tr>
<td>C</td>
<td><strong>Livestock Protection Collar Training Verification and Exam Score</strong></td>
</tr>
<tr>
<td>D</td>
<td><strong>M-44 Training Verification and Exam Score</strong></td>
</tr>
<tr>
<td>E</td>
<td><strong>Payment</strong></td>
</tr>
</tbody>
</table>

### Section A: Type of License
- Commercial No. _____
- Noncommercial Political Subdivision No. _____
- Noncommercial No. _____
- Private No. _____

### Section B: Applicant Information
- Mr. [ ] Mrs. [ ] Ms. [ ]
- First Name _____ M. I. Last Name _____
- Physical Address
  - City ____________________________ State ______ Zip ______
- Mailing Address
  - City ____________________________ State ______ Zip ______
  - same as physical [ ]
- Social Security No. ______
- Primary Phone ( )-____-
- Secondary Phone (optional) ( )-____-
- E-mail ____________________________ Would you prefer to be contacted by E-mail? [ ] Yes [ ] No

### Section C: Livestock Protection Collar Training Verification and Exam Score
- City ____________________________ County ____________________________ Date / / month day year
- Test Score ______
- TDA Representative Printed Name ____________________________
- TDA Representative Signature ____________________________

### Section D: M-44 Training Verification and Exam Score
- City ____________________________ County ____________________________ Date / / month day year
- Test Score ______
- TDA Representative Printed Name ____________________________
- TDA Representative Signature ____________________________

### Section E: Payment
- Method of Payment (payable to Texas Department of Agriculture)
  - Check # ______
  - Cashier’s Check # ______
  - Money Order # ______
- Amount remitted $ ______
- TDA USE ONLY
  - Receipt No. ______
  - Date Receipt Issued / / month day year

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.)

*Pesticide Applicator Revised 01/01/15*

*Distribution: WHITE – Regional Office; YELLOW -- Applicator*