



COMMISSIONER SID MILLER

Texas Department Of Agriculture
Pesticide Applicator Change of Information

PA-406

SECTION A	¹ VERIFICATION INFORMATION	
	Applicator Name	
	TDA Client No.	TDA License No.

Please provide ONLY the information that has changed.

SECTION B	¹ NEW PHYSICAL ADDRESS		
	Address	County	
	City	State	Zip
	Directions to Physical Location if address above is difficult to find		
	² NEW MAILING ADDRESS <input type="checkbox"/> Same as Physical Address		
	Address		
	City	State	Zip
	³ NEW CONTACT INFORMATION		
	Primary Phone () -	Secondary Phone (optional) () -	Fax (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>			

This form can be emailed to license.inquiry@TexasAgriculture.gov or faxed to 800-909-8534.

This application 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 522.021, 522.023, and 559.004.)

Applicator Name _____

SECTION C	¹ COMMERCIAL/NONCOMMERCIAL/ NONCOMMERCIAL POLITICAL SUBDIVISION ONLY		
	Employer Name		Primary Phone () -
	² NEW EMPLOYER'S PHYSICAL ADDRESS		
	Address		
	City	State	Zip
	³ NEW EMPLOYER'S MAILING ADDRESS <input type="checkbox"/> Same as Physical Address		
Address			
City		State	Zip

SECTION D	¹ NEW RESIDENT AGENT - OUT-OF-STATE APPLICATORS ONLY		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	New Resident Agent Name		
	New Resident Agent Address		
	City	Zip	Business Phone () -

SECTION E	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 / / month day year