



Texas Department of Agriculture
Pesticide Private Applicator Certificate Recertification

PA-414

COMMISSIONER SID MILLER

SECTION A	¹ PRIVATE CERTIFICATE
	Certificate No.

SECTION B	¹ APPLICANT INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Social Security No. (Required) - -	Drivers License (Required)	State	
	² PHYSICAL ADDRESS			
	Address			
	City	State	Zip	
	Directions to Physical Location if address above is difficult to find			
	³ MAILING ADDRESS <input type="checkbox"/> Same as Physical Address			
	Address			
	City	State	Zip	
⁴ 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 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.)

Applicant Name _____

¹ SELF-CERTIFICATION OF CEU HOURS EARNED					
Date	Course No.	General Hours	L&R Hours	IPM Hours	Drift
/ / month day year					
/ / month day year					
/ / month day year					
/ / month day year					
/ / month day year					
/ / month day year					
/ / month day year					

¹ SIGNATURE	
<p>The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.</p>	
Applicant Name (print)	Title
_____	_____
Applicant Signature	Date / / month day year
_____	_____

¹ CHECKLIST	
<p>Please use this checklist to ensure you are sending all of the necessary information and documents.</p>	
<input type="checkbox"/> Pesticide Private Applicator Certificate Recertification	
<input type="checkbox"/> List Continuing Education Units. Must obtain 15 for each five-year period, including 2 credits in laws and regulations and 2 in IPM.	
<p>Please note that an incomplete application may result in processing delays.</p>	