



**Texas Department of Agriculture**

**Agricultural Pesticide Commercial Business Registration  
 Nonoccupational**

**PAB-300**

COMMISSIONER SID MILLER

<b>SECTION A</b>	<b>1 BUSINESS TYPE</b>		<b>TDA USE ONLY</b>		
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	Client No.	Account No.	
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> General Partnership	Date	Initials	
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Cooperative			
	<input type="checkbox"/> Other (specify) _____				
	<b>2 APPLICANT INFORMATION</b>				
	Full legal business name (owner's name if sole proprietor – no aliases)				
D.B.A. (if applicable)					
Comptroller Taxpayer ID No. (in-state businesses only)			Federal Taxpayer ID No. ( <b>out-of-state businesses only</b> )		
<b>SOLE PROPRIETORSHIP ONLY</b>					
<input type="checkbox"/> Driver's License No. _____			<input type="checkbox"/> TX		
<input type="checkbox"/> State Issued ID No. _____ (if DL is not available)			<input type="checkbox"/> Other _____		

<b>SECTION B</b>	<b>1 RESPONSIBLE PERSON INSTRUCTIONS</b>		
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:		
	<ul style="list-style-type: none"> <li>♦ For a corporation, limited liability company, or cooperative, the president or CEO</li> <li>♦ For a limited or general partnership, the managing partner or general manager</li> <li>♦ For a sole proprietorship, the owner</li> <li>♦ For any other type of business, the general manager</li> </ul>		
	<b>2 RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER</b>		
	First Name	M.I.	Last Name
	Phone No.	Ext.	E-mail
<b>3 RESPONSIBLE PERSON MAILING ADDRESS</b>			
Address			
City	State	Zip	

<b>SECTION C</b>	<b><sup>1</sup> PERSON TO CONTACT FOR BUSINESS-RELATED MATTERS</b>				
	First Name		M.I.	Last Name	
	Primary Phone		Secondary Phone (optional)		Ext.
					Ext.
	E-mail				
	<b><sup>2</sup> MAILING ADDRESS</b>				
Address					
City			State	Zip	

<b>SECTION D</b>	<b><sup>1</sup> FACILITY INFORMATION</b>			
	Facility Name			
	<b><sup>2</sup> PHYSICAL ADDRESS OF APPLICATOR BUSINESS</b>			
	Address <u>(No P.O. Box)</u>			
	City	State	Zip	County
Directions to Physical Location if address above is difficult to find				

<b>SEC. E</b>	<b><sup>1</sup> INSURANCE INFORMATION</b>	
	Insurance Company Name	Policy No.

<b>SECTION F</b>	<b><sup>1</sup> EMPLOYED LICENSED APPLICATOR INFORMATION</b>	
	Printed Name of Licensed Commercial Applicator(s)	TDA License No.
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<b>SECTION G</b>	<b><sup>1</sup> SIGNATURE</b>	
	<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	

**This form can be mail to:**  
**Texas Department of Agriculture**  
**P.O. Box 12847**  
**Austin, TX 78711**

**Or emailed to: [license.inquiry@TexasAgriculture.gov](mailto:license.inquiry@TexasAgriculture.gov)**

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.)