



**Texas Department of Agriculture**  
**Pesticide Registrant Change of Business Information**

**PR-201**

COMMISSIONER SID MILLER

<b>SECTION A</b>	<b><sup>1</sup> VERIFICATION INFORMATION</b>	
	TDA Client Name	
	TDA Client No.	TDA Product License No.(s): All License No.(s) to be changed for TDA Client No. <input type="checkbox"/> Yes <input type="checkbox"/> No If No, list License No.(s) in Section F

Please provide **ONLY** the information that has changed.

<b>SECTION B</b>	<b><sup>1</sup> 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 any other type of business, the general manager</li> </ul>			
	<b>You may change the CEO, President, Managing Partner or General Partner information only. If you are a Sole Proprietor, and there is a change in ownership, you must apply for a new license.</b>			
	<b><sup>2</sup> RESPONSIBLE OFFICER, PARTNER, OR MANAGER</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name
	Phone No. ( ) - Ext.	E-mail		
	<b><sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS</b>			
	Address			
	City	State	Zip	County

<b>SECTION C</b>	<b><sup>1</sup> PERSON TO CONTACT FOR LICENSE-RELATED MATTERS</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name
	Title	Primary Phone ( ) - Ext.		
	Secondary Phone (optional) ( ) - Ext.	Fax (optional) ( ) - Ext.		
	E-mail Address			

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.)

Legal Business Name \_\_\_\_\_

<p><b>***Important Note***</b> I understand that if I provide my email address the Texas Department of Agriculture may, from time to time, send electronic communications to me that will keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. If I fail to provide an email address I understand that I may not receive time-sensitive or important communications that could affect my license or compliance with state regulations, and risk the imposition of monetary or other penalties.</p>				
<b>SEC. C (CONT)</b>	<b><sup>2</sup> PERSON TO CONTACT MAILING ADDRESS</b>			
	Address			
	City	State	Zip	County

<b>SECTION D</b>	<b><sup>1</sup> NEW RESIDENT AGENT - OUT-OF-STATE BUSINESSES ONLY</b>		
	New Resident Agent Name		
	New Resident Agent Address		
	City	Zip	Business Phone (     )     -

<b>SECTION E</b>	<b><sup>1</sup> SIGNATURE</b>	
	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

