



**TEXAS DEPARTMENT OF AGRICULTURE**  
STRUCTURAL PEST CONTROL SERVICE  
CERTIFICATE OF INSURANCE INSTRUCTIONS

COMMISSIONER SID MILLER

## **ALS-1101 INSTRUCTIONS**

SECTION A – All sections must be completed unless noted.

- Full Legal Business Name (FLBN) – Please enter the Full Legal Business Name. This must match the information TDA has received and can be found on your Renewal Invoices and License packet. This may not be the same as your Doing Business As (DBA) name. If a change has occurred in the Full Legal Business Name, a SPC-001: Business License Change Form or new business license will be required.
- DBA (Doing Business As) – must match the name as it appears on the license. If you do not have a DBA (business operates under FLBN), please leave blank.
- TPCL – Please enter the TDA TPCL number as it appears on the license. If the license is being issued for the first time, this field may be left blank.
- Physical Address – Must match the physical address on file with TDA. If the physical address has changed, please submit an SPC-001: Business License Change Form (complete section F).

SECTION B – All sections must be completed.

- Enter Insurer information. This should reflect the insurance company providing the insurance policy not the insurance agent or broker's company unless they are the same.

SECTION C – All sections must be completed.

- Enter insurance policy number and the effective and expiration date.

SECTION D - All sections must be completed unless noted as optional.

- Enter Insurance Representative/Agent's information.