



COMMISSIONER SID MILLER

**Texas Department of Agriculture**  
*Application for Structural Pest*  
*Control Advisory Committee*

**SPA-421**

<b>SECTION A</b>	<b>APPLICANT INFORMATION</b>				
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.    First Name		M. I.	Last Name	
	<input type="checkbox"/> Ms. <input type="checkbox"/> Other _____				
	Primary Phone (    )    -    Ext.			Secondary Phone (optional) (    )    -    Ext.	
	E-mail			Birth Date (required) /    / month day year	
<b>SECTION B</b>	<b>MAILING ADDRESS</b>				
	Address				
	City		State	Zip	County
<b>SECTION C</b>	<b>CATEGORY OF APPLICANT</b>				
	<input type="checkbox"/> 1. Member who is an employee of a school district and associated with a school integrated pest management program				
	<input type="checkbox"/> 2. Member representing public interest				
	<input type="checkbox"/> 3. Member from an institution of higher education knowledgeable in the science of pests and pest control				
	<input type="checkbox"/> 4. Member representing the interest of structural pest control operators				
	<input type="checkbox"/> 5. Member representing the interest of consumers				
	<input type="checkbox"/> 6. Member who is a structural pest control operator with experience in natural, organic or holistic pest control				
<b>SUPPORTING DOCUMENTATION</b>					
Please provide documentation to support the choice above. See instructions for more information.					

Applicant Name \_\_\_\_\_

SECTION D

**CERTIFICATION STATEMENT**

I hereby certify that all the information provided in connection with this application at any time is true and correct to the best of my knowledge and agree that any misrepresentation or false statement made in connection with this application will be grounds to disqualification of my application from consideration to serve on the Structural Pest Control Advisory Committee.

I further certify that :

If applying as a “Member representing public interest”: I am not licensed under chapter 1951 of the Occupations Code; and neither I nor my spouse:

- are registered, certified or licensed by an occupational regulatory agency in the field of pest control;
- are employed or participated in the management of a business entity or other organization regulated by or receiving funds from the Department;
- own or control, directly or indirectly, more than a 10 percent interest in a business entity or other organization regulated by or receiving funds from the Department; or
- use or receive a substantial amount of tangible goods, services or funds from the Department, other than compensation allowed by law for committee membership, attendance or expenses.

I am not an officer, employee or paid consultant of a Texas trade association in the field of pest control (except for persons applying as “Member representing the interest of structural pest control operators”);

My spouse is not an officer, manager or paid consultant of a Texas trade association in the field of pest control; and

I am not required to register as a lobbyist under Chapter 105 of the Government Code because of my activities for compensation on behalf of a profession related to the operation of the Department.

I authorize the Texas Department of Agriculture to conduct a background investigation in relation to this application.

I understand that TDA does not reimburse advisory committee members for expenses involved in serving on the committee.

**SIGNATURE**

Applicant Name (print)

Applicant Signature

Date        /        /  
                 month day year

**INSTRUCTIONS FOR  
APPLICATION FOR STRUCTURAL PEST CONTROL ADVISORY COMMITTEE**

**SECTION A**

**Applicant Information**

A birth date is mandatory and will be used for the background check that is required to serve on the committee. This form is available on our website [www.TexasAgriculture.gov](http://www.TexasAgriculture.gov) or by mail. Failure to provide a birth date will result in rejection of your application. Enter the full legal name, mailing address and primary telephone number.

**SECTION B**

**Category of Application**

Check the appropriate box

**SECTION C**

**Provide Supporting Documentation**

See guidelines under each category type for the documentation needed. Attach additional pages or documents as needed.

1. **Member who is an employee of a school district and associated with a school integrated pest management program.**  
Please provide information on your experience with school integrated pest management programs and the name(s) of the school districts(s) for which you are employed.
2. **Member representing public interest.**  
Please provide information to demonstrate how your appointment would benefit the public interest.
3. **Member from an institution of higher education knowledgeable in the science of pests and pest control.**  
Must have a post-graduate (master's or doctorate) degree and be, at the time of appointment, employed in a teaching capacity at an institution of higher education and have experience teaching courses that demonstrate that the person is knowledgeable in the science of pests and pest control
4. **Member representing the interest of structural pest control operators.**  
Based on recommendation by trade association of operators. Please provide any information to verify recommendation by trade association of structural pest control operators.
5. **Member representing the interest of consumers.**  
Please provide information to demonstrate your ability to represent the interests of consumers.
6. **Member who is a structural pest control operator with experience in natural, organic, or holistic pest control.**  
Please provide information to demonstrate your experience in structural pest control using natural, organic or holistic pest control methods.

**SECTION D**

**Certification Statement**

Please read the certification statement carefully, and sign and date the application.

Mail to:

Texas Department of Agriculture  
Attn: Structural Pest Control Service  
P.O. Box 12847  
Austin, TX 78711-2847

Fax to: 888-232-2567