Please check one:
Commercial ☐
Noncommercial ☐

COMMISSIONER SID MILLER
TEXAS DEPARTMENT OF AGRICULTURE
STRUCTURAL PEST CONTROL SERVICE
P.O. BOX 12077, AUSTIN, TEXAS 78711-2077
Phone: (512) 305-8250 or 866-918-4481 Fax: 888-232-2567
Internet Address: www.TexasAgriculture.gov/spcs
Hearing Impaired: (800) 735-2988 (voice)

RENEWAL APPLICATION FOR TECHNICIAN LICENSE

Legal Name of Technician_____

Social Security No.*_____ Drivers License No._____

Home Location Address_____
Street City County State Zip

Home Mailing Address_____
Street City County State Zip

Home Tel. No. (_____)_____ Date of Birth_____ Home Email:_____

Name of Company_____ **TPCL #**_____ If Commercial License

Business Telephone No. (_____)_____ Business Fax No. (_____)_____ Bus Email:_____

Location Address:_____
Street City County State Zip

Mailing Address:_____
Street or P O Box City County State Zip

The Structural Pest Control Service performs criminal history searches on all license applicants and licensees, including those applying for renewal of an existing license. At minimum, criminal history information is sought from the Texas Department of Public Safety. This process may delay agency action on a license application, if the applicant's criminal history reveals an arrest for, conviction of, or a plea of guilty to a criminal offense. If an applicant's or licensee's criminal history reveals a conviction or plea of guilty to a criminal offense which relates to the occupation of structural pest control, the applicant will be asked to submit additional information to demonstrate the applicant's current fitness to be licensed. Failure to submit the requested information, submission of false or misleading information, or failure to demonstrate current fitness to be licensed may result in denial of the application or revocation of an existing license.

I certify that I have completed the training required by SPCS Regulation 593.21 for renewal of my license.

I certify that I have not defaulted on a Loan Guaranteed by the Texas Guaranteed Student Loan Corporation.

_____ _____
SIGNATURE OF TECHNICIAN **DATE**

TECHNICIAN LICENSE RENEWAL FEE @ $95.00 $_____
ENCLOSE LATE FEE: 90 days or less after expiration: $142.50, 90 days to a year after expiration: $190.00 $_____
TOTAL AMOUNT ENCLOSED **$**_____

Make Check Payable: Texas Department of Agriculture

*Disclosure of Social Security Number is mandatory under Tex. Occ. Code Chapt. 1951.

Revision 1-1-15