



Texas Department of Agriculture

Device Registration Certificate Application

RWM-700

COMMISSIONER SID MILLER

You must complete All licensing activity within one year of the application date. An incomplete application shall become void on the one-year anniversary of submission. A void application will not be processed and any application fee associated with the void application shall not be refunded.

SECTION A	1 TYPE OF APPLICATION			
	<input type="checkbox"/> New Business Date you intend to open: / / Certificate and stickers must be displayed prior to conducting commercial transactions		<input type="checkbox"/> Change of Ownership † Previous certificate number and date of change: _____ / /	
			<input type="checkbox"/> Change of Location Address Previous certificate number: _____	
	2 BUSINESS TYPE			TDA USE ONLY
	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Government <input type="checkbox"/> Nonprofit Organization	
			Client No.	Account No.
			Date (mm/dd/yy)	Initials
			/ /	
	3 CLIENT INFORMATION			
	Full legal name of business (owner's name if sole proprietor – no aliases)			
Name doing business as, if applicable				
Comptroller Taxpayer ID No. (In-state businesses)		Federal Tax ID No. (Out-of-state businesses and non-profit organizations)		
SOLE PROPRIETORSHIP ONLY				
<input type="checkbox"/> Driver License No. _____ (required)		<input type="checkbox"/> TX		
<input type="checkbox"/> State Issued ID No. _____ (if DL is not available)		<input type="checkbox"/> Other _____		

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

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.)

SECTION B (cont'd)	3 RESPONSIBLE PERSON MAILING ADDRESS		
	Address		
	City	State	Zip
	Internet Address of Business (optional)		

SECTION C	1 PERSON TO CONTACT FOR LICENSE-RELATED MATTERS		
	First Name	M. I.	Last Name
	Primary Phone () - Ext.	Secondary Phone (optional) () - Ext.	
	Fax (optional) () - Ext.		
	E-mail Address		
	<p>***Important Note*** 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>		
2 MAILING ADDRESS OF PERSON TO CONTACT FOR LICENSE-RELATED MATTERS			
Address			
City	State	Zip	

SECTION D	1 FACILITY INFORMATION			
	Facility Name			
	2 PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT			
	Address (No P.O. Box)			
	City	State	Zip	County
Directions to Physical Location if address above is difficult to find				

SECTION E	¹ OUT-OF-STATE APPLICANTS ONLY		
	An applicant for a Device Registration whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas. If the address provided in Section C is out of state, resident agent information is REQUIRED .		
	Resident Agent Name (this must be a Texas resident)		
	Resident Agent Address		
	City	Zip	Business Phone () -

SECTION F	¹ DEVICE CLASSIFICATION			
	Device Type	Fee per Device	Total No. of Devices	Total Fees
	Liquid Petroleum Gas (LPG) Meter	\$65.00		
	Scale (up to and including 2,000 pounds)	\$35.00		
	Ranch Scale (5,000 pounds and up)	\$32.00		
	Livestock Scale (5,000 pounds and up)	\$350.00		
	Truck Scale	\$400.00		
	Other Scale (greater than 2,000 pounds)	\$250.00		
TOTAL FEES DUE \$				

SECTION G	¹ PAYMENT	
	Please see instructions for applicable fees.	
	REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.	
	Method of Payment (payable to Texas Department of Agriculture) <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____	
	Amount remitted \$	Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076
	TDA USE ONLY	Receipt No. Date Receipt Issued

SECTION H	¹ SIGNATURE	
	The applicant, by signature below, (1) certifies that all information provided in or in connection with this application is true and correct; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in or 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 or employee of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.	
	Applicant Name	Title
	Applicant Signature	Date / / month day year

SECTION I	¹ CHECKLIST
	Please use this checklist to ensure you are sending all of the necessary information and documents. <input type="checkbox"/> Device Registration Certificate Application <input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee.)
	Please note that an incomplete application may result in processing delays.

† This is the date that the facility opened for business under the name of the person submitting this registration application.