# INSTRUCTIONS FOR DEVICE CERTIFICATE CHANGE OF REGISTRATION INFORMATION FORM NO. RWM-701

Changes must be reported to TDA within 10 days. You are not required to complete this form or pay additional fees if you are replacing an existing device with one of the same type.

### **SECTION A**

### 1. VERIFICATION INFORMATION

Enter your full legal name of your business as identified on your federal income tax return or registered with the Texas Secretary of State along with your TDA Client Number and TDA License Number.

# **SECTION B**

# 1. DEVICES TO ADD

- Complete this section if you need to add commercial devices to your location.
- Indicate the number of each device type you wish to add in the space provided.
- Calculate the total fees for each device type by multiplying the fee per device by the number of devices added. Indicate the sum of all total fees for each device type in the space marked Total Fees Due.

### **SECTION C**

# 1. DEVICES REMOVED FROM COMMERCIAL USE

- If you are reducing the number of commercial devices at your location, indicate, in the space provided, the number of devices that will be removed from commercial use, categorized by device type.
- Fee changes will be reflected on your next renewal statement.
- No refunds can be made for devices removed from commercial use.

(cont'd)

# **SECTION D**

NOTE: The Texas Department of Agriculture only accepts checks, cashier's checks, or money orders.

### 1. PAYMENT

Check method of payment. Enter check number or money order number. See fee table for payment information. Enter amount remitted.

Please remit to: Texas Department of Agriculture, P.O. Box 12076, Austin, Tx. 78711-2076.

Fee per Device	No. Devices Added (+)	Total Fees
\$65.00		
\$35.00		
\$32.00		
\$350.00		
\$400.00		
\$250.00		
TOTAI	L FEES DUE \$	
	\$65.00 \$35.00 \$32.00 \$350.00 \$400.00 \$250.00	\$65.00 \$35.00 \$32.00 \$350.00 \$400.00

### **SECTION E**

### 1. SIGNATURE

After reading the summary, print, sign and date the form. Your signature acknowledges that you have read the summary and that you are aware of your responsibilities regarding your license and the devices identified in this form.

# **SECTION F**

An incomplete form or application may result in denial or delay in the processing of your application or request.

# 1. CHECKLIST

Check all boxes to verify you have completed the application process and attached or enclosed all items requested in the application such as payment, reports, schedules, labels, or other required items.