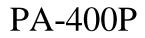


P.O. Box 12076 Austin, Texas 78711 • (877) 542-2474 • (512) 463-7476 • Hearing impaired: (800) 735-2988 voice • (800) 735-2989 (TTY) www.TexasAgriculture.gov

## **Texas Department of Agriculture**

COMMISSIONER SID MILLER

Application for Pesticide Applicator License



	<sup>1</sup> APPLICATION TYPE AND FEE			TDA USE ONLY				
A				Client No. Account No.				
<b>SECTION A</b>	Private Applicator License Fee: \$100.00			Cheffit No.	Acc	ount no.		
IT.	This license is for application of pesticides and herbicides on one's property or the property of one's employer if the application is for the purposes of							
EC	agricultural commodity production. Once issued, the license will be valid			Date (mm/dd/yy)	Initi	als		
<b>3</b>	for five years.							
	<sup>1</sup> APPLICANT INFORMATION							
	Driver License No (re							
В	State Issued ID No ( if DL is not available)			Other				
N	First Name (Legal Name on Photo ID) M. I. Last Name				Suffix			
TIC								
First Name (Legal Name on Photo ID) M. I. Last Name   Mailing Address Mailing Address								
S								
	City	State	Zip	Phone				
				( ) -	Ex	t.		
	<sup>1</sup> PERSON TO CONTACT FOR LICENSE-RELATED MATTERS   SAME AS ABOVE     First Name   M. I.   Last Name							
	First Name M. I.	Last Nam	e					
	Primary Phone Secondary Pho			ational				
	() - Ext. (		Secondary Phone (optional) ( ) - Ext.					
	Fax (optional)							
	() - Ext.							
l C	E-mail Address:							
SECTION C								
CT	***Important Note*** I understand that my email address is required for the Texas Department of Agriculture to keep me							
SE	informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. Failure to provide an email address may result in my not receiving time-sensitive information that could							
		with state regulations, thereby, resulting in monetary penalties.						
	<sup>2</sup> MAILING ADDRESS SAME AS APPLICANT ADDRESS							
	Address							
	City			State	Zip			

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.)

## <sup>1</sup> FACILITY (LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT)

Facility Name (If applicable)

## <sup>2</sup> PHYSICAL ADDRESS OF FACILITY

Address (No P.O. Box)

Adda City

State	

Zip

County

Directions to Physical Location if address above is difficult to find

	<sup>1</sup> SIGNATURE				
SECTION E	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, 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 (including 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 (print)	Title			
	Applicant Signature	Date (mm/dd/yy)			
	Appreant Signature	/ /			
	<sup>1</sup> CHECKLIST				
<b>ECTION F</b>	Please use this checklist to ensure you are sending all of the necessary information and documents.				
	Pesticide Applicator Application				
EC	Private Applicator Training Verification (white copy of PA-404/D-1411, yellow copy is for your records)				

**F**ee (\$100)

Please note that an incomplete application may result in processing delays.

Mail to: Texas Department of Agriculture P.O. Box 12076 Austin, TX 78711-2076