



COMMISSIONER SID MILLER

**Texas Department of Agriculture**  
*Pesticide Applicator Business*  
**Change of Business Information**

**PAB-301**

<b>SECTION A</b>	<b><sup>1</sup> VERIFICATION INFORMATION</b>	
	Business Owner Name	
	TDA Client No.	TDA License No. (if applicable)

Please provide ONLY the information that has changed.

<b>SECTION B</b>	<b><sup>1</sup> RESPONSIBLE PERSON INSTRUCTIONS</b>			
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:			
	<ul style="list-style-type: none"> <li>♦ For a corporation, limited liability company, or cooperative, the president or CEO</li> <li>♦ For a limited or general partnership, the managing partner or general manager</li> <li>♦ For any other type of business, the general manager</li> </ul>			
	<b>You may change the CEO, President, Managing Partner or General Partner information only. If you are a Sole Proprietor, and there is a change in ownership, you must apply for a new license.</b>			
	<b><sup>2</sup> RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
<input type="checkbox"/> Ms. <input type="checkbox"/> ____				
Phone No. (     )     -     Ext.		E-mail		
<b><sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS</b>				
Address				
City		State	Zip	County

This application 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.)

Legal Business Name \_\_\_\_\_

<b>SECTION C</b>	<b><sup>1</sup> PERSON TO CONTACT FOR BUSINESS-RELATED MATTERS</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Title		Primary Phone ( ) - Ext.	
	Secondary Phone (optional) ( ) - Ext.		Fax (optional) ( ) - Ext.	
	E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b><sup>2</sup> MAILING ADDRESS</b>			
Address				
City		State	Zip	County

<b>SECTION D</b>	<b><sup>1</sup> FACILITY INFORMATION</b>			
	Facility Name			
	<b><sup>2</sup> PHYSICAL ADDRESS OF LOCATION OF APPLICATOR BUSINESS</b>			
	Address (No P.O. Box)			
	City		State	Zip
Directions to Physical Location if address above is difficult to find				

<b>SEC. E</b>	<b><sup>1</sup> INSURANCE INFORMATION</b>	
	Company Name	Policy No.

<b>SEC. F</b>	<b><sup>1</sup> EMPLOYED LICENSED APPLICATOR INFORMATION</b>	
	Printed Name of Licensed Commercial Applicator	TDA License No.

Legal Business Name \_\_\_\_\_

<b><sup>1</sup> DESCRIPTION OF EQUIPMENT TO ADD TO REGISTRATION</b>							
<b>SECTION G</b>	<b>Ground or Aerial</b>	<b>Ground Equipment – List Serial No. Aerial Equipment – List FAA No.</b>	<b>Year</b>	<b>Brand Name</b>	<b>Make/Model</b>	<b>TDA USE ONLY Decal No.</b>	
	<input type="checkbox"/> G <input type="checkbox"/> A						
	<input type="checkbox"/> G <input type="checkbox"/> A						
	<input type="checkbox"/> G <input type="checkbox"/> A						
	<input type="checkbox"/> G <input type="checkbox"/> A						

<b><sup>1</sup> EQUIPMENT TO BE REMOVED FROM REGISTRATION</b>	
<b>SECTION H</b>	Decal No. <span style="float: right;">If no Decal No., Provide Serial or FAA No.</span>
	Decal No. <span style="float: right;">If no Decal No., Provide Serial or FAA No.</span>

<b><sup>1</sup> EQUIPMENT THAT NEEDS A REPLACEMENT DECAL</b>	
<b>SECTION I</b>	Old Decal No. <span style="float: right;">If no Decal No., Provide Serial or FAA No.</span>
	Old Decal No. <span style="float: right;">If no Decal No., Provide Serial or FAA No.</span>

<b><sup>1</sup> SIGNATURE</b>	
<b>SECTION J</b>	By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct to the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties.
	Applicant Name (print) <span style="float: right;">Title</span>
	Applicant Signature <span style="float: right;">Date / / month day year</span>