

**COMMISSIONER SID MILLER**  
**TEXAS DEPARTMENT OF AGRICULTURE**  
**STRUCTURAL PEST CONTROL SERVICE**  
P.O. BOX 12847, AUSTIN, TEXAS 78711-2847  
Phone: 877-542-2474 Fax: 888-232-2567  
Internet Address: [www.TexasAgriculture.gov/spcs](http://www.TexasAgriculture.gov/spcs)  
Hearing Impaired: (800) 735-2988 (voice)

**Change of License Form**

**\*\*\*This form is NOT to be used to change a Business License or an Apprentice Card.\*\*\***

<b>Check Type of License to Be issued:</b>	<input type="checkbox"/> Certified Applicator	<input type="checkbox"/> Technician
<b>Check Type of Classification:</b>	<input type="checkbox"/> Commercial	<input type="checkbox"/> Noncommercial

**Must Indicate The Type of Change to be Made:**

- Change of Employer** – If leaving current employer or changing branch office and going to work for different employer or branch office. Complete All Sections. In Section B List the new employers information. Fees are based upon expiration date of new employer’s license and insurance.
- Additional License** – If currently licensed and want another license issued at another location. Complete All Sections. In Section B List the information of the employer you want the additional licensed issued to. Fees are based upon expiration date of additional employer’s license and insurance.
- Lost / Reprint License** – If you lost a license or want a reprint. Complete All Sections.
- Inactive Status** – No longer employed with a pest control company or noncommercial entity. Complete Sections A & C. No charge unless a duplicate license is wanted. To maintain license, must renew license yearly. See Section 593.6 of the SPCS Regs.
- Address Change** – Licensee’s residential/ mailing address only. Complete All Sections.
- Other- Explain:** \_\_\_\_\_

**Section A – MUST be completed by applicant (Print or Type)**

Legal Name of Applicant _____		License # _____	
Social Security No.* _____	Drivers License No. _____	Date of Birth _____	
Home Location Address _____			
Street	City	County	State      Zip
Home Mailing Address _____			
Street	City	County	State      Zip
Home Tel. No. (_____) _____	Home Email: _____	Effective Date of Change: _____	

**Section B – Must be completed if applicable (Print or Type)**

Name of Company or Entity _____		TPCL # _____		If Applicable
Business Telephone No. (_____) _____	Business Fax No. (_____) _____	Bus Email: _____		
Location Address: _____				
Street	City	County	State	Zip
Mailing Address: _____				
Street or PO Box	City	County	State	Zip

**Section C – Must be completed by Applicant (Print or Type)**

**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.**

**FEE MUST BE INCLUDED TO PROCESS APPLICATION – See back of form to figure fees**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

**Texas Department of Agriculture Structural Pest Control Service**  
**Fee Structure Effective September 1, 2013**

**\$224** for an *original and renewal* business license;

**\$108** for an *original* certified applicators license; **\$100** for a *renewal* certified applicators license;

**\$81** for an *original* technician license; **\$76** for a *renewal* technician license;

Late renewal fee 90 days or less 1 ½ times normal renewal fee;

Late renewal fee 90 days to one year 2 times normal renewal fee;

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\*\*\*Important Note\*\*\* I understand that my email address is required for the Texas Department of Agriculture to keep me 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 affect my compliance with state regulations, thereby, resulting in monetary penalties.