

**COMMISSIONER SID MILLER**  
**TEXAS DEPARTMENT OF AGRICULTURE**  
**STRUCTURAL PEST CONTROL SERVICE**  
P P.O. BOX 12077, AUSTIN, TEXAS 78711-2077  
Phone: (512) 305-8250 or 866-918-4481 Fax: 888-232-2567  
Internet Address: [www.TexasAgriculture.gov/spcs](http://www.TexasAgriculture.gov/spcs) (submit your renewal online)  
Hearing Impaired: (800) 735-2988 (voice)

**RENEWAL APPLICATION FOR BUSINESS LICENSE**

Name of Company \_\_\_\_\_ TPCL # \_\_\_\_\_

Business Telephone No. ( ) \_\_\_\_\_ Business Fax No. ( ) \_\_\_\_\_ Bus Email: \_\_\_\_\_

Location Address: \_\_\_\_\_

Street City County State Zip

Mailing Address: \_\_\_\_\_

Street or P O Box City County State Zip

Legal Name of Business License Holder \_\_\_\_\_ (Only one person)

Tax ID Number: \_\_\_\_\_ 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: \_\_\_\_\_

**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.**

Type of Ownership:  Sole Proprietor  Partnership  Corporation

List name and address of all other persons who hold more than 10% ownership of this business:

Name Street City County State Zip

Name Street City County State Zip

**I CERTIFY THAT I HAVE NOT DEFAULTED ON A LOAN GUARANTEED BY THE TEXAS GUARANTEED STUDENT LOAN CORPORATION.**

**SIGNATURE OF BUSINESS LICENSE HOLDER (REQUIRED)**

**DATE**

Name of Responsible Certified Applicator \_\_\_\_\_ License No. \_\_\_\_\_

No. of renewal licenses \_\_\_\_\_

_____	BUSINESS LICENSE RENEWAL FEE @ \$280.00 per license	\$ _____
_____	CERTIFIED APPLICATOR LICENSE RENEWAL FEE @ \$125.00 per license	\$ _____
_____	TECHNICIAN LICENSE RENEWAL FEE @ \$95.00 per license	\$ _____
_____	*Late fee 90 days or less after expiration date @ 1 ½ fee per license	\$ _____
_____	*Late fee 90 days but less than a year after expiration @ twice the fee per license	\$ _____
	TOTAL AMOUNT ENCLOSED	\$ _____

**\*Late fee applies to business, certified applicator and technician license. If business license holder and certified applicator are one in the same the late fee applies to each license.**

**Make Check Payable to: Texas Department of Agriculture**