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 Hearing impaired: (800) 735-2989 voice ♦ (800) 735-2989 (TTY)  
 www.TexasAgriculture.gov

Texas Department of Agriculture  
 Application for Commercial Pesticide Applicator License

PA-401

COMMISSIONER SID MILLER

<b>SECTION A</b>	<b><sup>1</sup> CLIENT INFORMATION</b>			<b>TDA USE ONLY</b>		
	Social Security No. ( Required) † - -		My spouse is an Active Duty Service Member.* <input type="checkbox"/> Yes <input type="checkbox"/> No		Client No.	Account No.
	Do you hold a Commercial Applicator license in another jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list the state and license number: _____			Date (mm/dd/yy) / /		Initials
	First Name (Legal Name)		M. I.	Last Name		
	Mailing Address					
	City		State	Zip	Phone ( ) - Ext.	

<b>SECTION B</b>	<b><sup>1</sup> PERSON TO CONTACT FOR LICENSE-RELATED MATTERS</b> <input type="checkbox"/> SAME AS CLIENT NAME			
	First Name		M. I.	Last Name
	Primary Phone ( ) - Ext.		Secondary Phone (optional) ( ) - Ext.	
	Fax (optional) ( ) - Ext.			
	E-mail Address			
	<p>***Important Note*** I understand that my email address is required by 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 and result in monetary penalties.</p>			
	<b><sup>2</sup> MAILING ADDRESS</b> <input type="checkbox"/> SAME AS CLIENT 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.)



Applicant Name \_\_\_\_\_

<b>SECTION H</b>	<b><sup>1</sup> SIGNATURE</b>	
	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in or in connection with this application is true and correct; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in or 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     /     / month day year

<b>SECTION I</b>	<b><sup>1</sup> CHECKLIST</b>
	Please use this checklist to ensure you are sending all of the necessary information and documents. <input type="checkbox"/> Pesticide Applicator Application <input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee.) <input type="checkbox"/> PAB-300 Pesticide Application (if applicable)
	Please note that an incomplete application may result in denial or delay in processing the application.

† A social security number is mandatory and required by Texas Family Code § 231.302 for this occupational license. Social security numbers are required to assist in child support enforcement. In the event the applicant does not have a social security number, attach Form OGC-001, affidavit of no social security number, and provide a driver license number or state-issued ID number. Form OGC-001 is available on our website at [www.TexasAgriculture.gov](http://www.TexasAgriculture.gov) or upon request by U.S. mail. Failure to provide a social security number or an affidavit of no social security number will result in rejection of your application and a license will not be issued to you.

\* Pursuant to Section 55.005 of the Texas Occupations Code.