

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 Application for Pesticide Applicator License Change of Classification

PA-407

COMMISSIONER SID MILLER

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	¹ VERIFICATION INFORMATION			TDA USE ONLY	
A			M. I.	Remittance No.	
	☐ Ms. ☐				
SECTION	Last Name			Batch No.	
EC					
S	Social Security No.				
		_			
	¹ CURRENT LICENSE TYPE				
	Commercial Noncommerci	ial No	oncomme	rcial Political Subdivision	
	No	No	o		
	² CHANGE TO LICENSE TYPE				
I B	Commercia Noncommerci	ial 📗 No	oncomme	ommercial Political Subdivision	
SECTION B	³ FEE TABLE				
$\mathbf{C}\mathbf{L}$	Commercial to Noncommercial		e Require		
SE			e Require	e Required	
	Noncommercial to Commercial	\$60			
	Noncommercial Political Subdivision to Commercial \$12				
	Noncommercial Political Subdivision to Noncommercial \$		665		
	Noncommercial to Noncommercial Political Subdivision	No Fe	e Require	ed	
	Please provide ONLY the info	ormation that has cha	nged.		
	¹ COMMERCIAL/NONCOMMERCIAL/ NONCOMM			DIVISION ONLY	
	Employer Name	Prin	Primary Phone		
		()	-	
	² EMPLOYER'S PHYSICAL ADDRESS				
C	Address				
NC			1		
CTION C	City	State	Zip		
SEC					
(EMPLOTER'S MAILING ADDRESS			me as Physical Address	
	Address				
		· ~	7:		
	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.)

Applicator Name

	¹ COMMERCIAL APPLICATORS ONLY				
D	Have you been convicted of any felony in the last five years? Yes No				
SECTION D	If yes, please provide your date of birth / month day year Also attach a signed and dated statement providing full information about any felony crime for which you were convicted, including the date of the conviction, the state and county where convicted, the sentence and terms of probation, if any, and a brief explanation of the circumstances of the crime and completion of any sentence or probation. State whether you are on parole or a registered sex offender.				
	¹ PAYMENT				
	Please use fee table on front page or page 1 of this application to calculate applicable fees.				
SECTION E	Method of Payment (payable to Texas Department of Agriculture) Check # Cashier's Check # Money Order #				
	Amount remitted \$	Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076			
	TDA USE ONLY Receipt No.	Date Receipt Issued			
_		•			
	¹ SIGNATURE	·			
TION F	¹ SIGNATURE By submitting changes to licensing information, the personauthorized to make such changes on behalf of the licensed Any misrepresentation or false statement made by the licensection with such changes, whether intentional or not affected license and/or assessment of monetary administration.	the earn that all information provided is true and correct. The earner or the licensee's authorized representative in the true and correct. The earner or the licensee's authorized representative in the true and correct.			
SECTION F	By submitting changes to licensing information, the personauthorized to make such changes on behalf of the licensed Any misrepresentation or false statement made by the licensection with such changes, whether intentional or not	the earn that all information provided is true and correct. The earner or the licensee's authorized representative in the true and correct. The earner or the licensee's authorized representative in the true and correct.			
SECTION F	By submitting changes to licensing information, the personauthorized to make such changes on behalf of the licensed Any misrepresentation or false statement made by the licensection with such changes, whether intentional or not affected license and/or assessment of monetary administr	the and that all information provided is true and correct. The sense or the licensee's authorized representative in the true and correct. The sense or the licensee's authorized representative in the true and correct. The sense or the licensee's authorized representative in the true and correct. The sense of the sens			
	By submitting changes to licensing information, the personauthorized to make such changes on behalf of the licensed Any misrepresentation or false statement made by the licensection with such changes, whether intentional or not affected license and/or assessment of monetary administry Applicant Name Applicant Signature	tee and that all information provided is true and correct. Title Date / /			
SECTION G SECTION F	By submitting changes to licensing information, the personauthorized to make such changes on behalf of the licensed Any misrepresentation or false statement made by the licensection with such changes, whether intentional or not affected license and/or assessment of monetary administry Applicant Name ———————————————————————————————————	the necessary information and documents. ee and that all information provided is true and correct. eensee or the licensee's authorized representative in t, may result in denial, revocation, or non-renewal of any rative penalties. Title Date / / month day year			