# INSTRUCTIONS FOR APPLICATION FOR PESTICIDE APPLICATOR LICENSE CHANGE OF CLASSIFICATION FORM NO. PA-407

All sections on the application must be completed, unless otherwise noted on the application and these instructions, and returned to TDA with the correct fee. It is unlawful for any person to apply restricted-use or state-limited-use pesticides or regulated herbicides without a license.

For assistance completing the application, call 1-800-TELL-TDA (835-5832) or directly at (512) 463-7622. For the hearing impaired, call Relay Texas 1-800-735-2988 (voice) or 1-800-735-2989 (TDD/TT).

#### SECTION A

# 1. VERIFICATION INFORMATION

Please enter your name and Social Security number. Social Security numbers are required for the purposes of enforcing federal and state child support laws and collection of defaulted guaranteed student loans. Failure to include the Social Security number will result in denial of your application.

## **SECTION B**

#### 1. CURRENT LICENSE TYPE

Check your current TDA pesticide applicator license type and enter the license number.

# 2. CHANGE TO LICENSE TYPE

Check the type of pesticide applicator license you would like to change to.

- Commercial -- A person who operates a business or is employed by a business that applies restricted-use or state-limited-use pesticides or regulated herbicides to the property of another person for hire or compensation.
   Commercial applicators must obtain five continuing education units (CEUs) each year. Licenses expire the last day of February following the year of issue.
- Noncommercial -- A person required to use restricted-use or state-limited-use pesticides or regulated herbicides but who is not a private applicator or commercial applicator. Noncommercial applicators must obtain five CEUs each year. Licenses expire the last day of February following the year of issue.
- Noncommercial Political Subdivision -- Government employees who apply restricted-use or state-limited-use pesticides or regulated herbicides in the course of their employment. Noncommercial applicators must obtain five CEUs each year. Licenses expire the last day of February following the year of issue.

# 3. FEE TABLE

Use this table to calculate your fees.

# **SECTION C**

#### 1. COMMERCIAL/NONCOMMERCIAL/ NONCOMMERCIAL POLITICAL SUBDIVISION ONLY

Provide the name and phone number of your employer. If you own the business, please indicatethis information. Pesticide applicator businesses should also complete an "Applicator Business Registration" (Form PAB-300). Form PAB-300

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provides TDA with insurance and equipment information. This form is available on the web site (<a href="http://www.texasagriculture.gov">http://www.texasagriculture.gov</a>) or by calling TDA at the phone numbers listed above.

#### 2. EMPLOYER'S PHYSICAL ADDRESS

Provide the physical location of your employer's business.

#### 3. EMPLOYER'S MAILING ADDRESS

Provide your employer's mailing address.

## **SECTION D**

#### 1. COMMERCIAL APPLICATORS ONLY

Please read the question and check the appropriate box. If yes, provide birth date and attach a signed and dated statement with details of each conviction as instructed.

# **SECTION E**

NOTE: Texas Department of Agriculture accepts only checks, cashier's checks, or money orders.

#### 1. PAYMENT

<sup>3</sup> FEE TABLE	
Commercial to Noncommercial	No Fee Required
Commercial to Noncommercial Political Subdivision	No Fee Required
Noncommercial to Commercial	\$60
Noncommercial Political Subdivision to Commercial	\$125
Noncommercial Political Subdivision to Noncommercial	\$65
Noncommercial to Noncommercial Political Subdivision	No Fee Required

Check method of payment. Enter check number, cashier's check number or money order number. See fee table for payment information. Enter amount remitted.

Please remit to: Texas Department of Agriculture, P.O. Box 12076, Austin, TX. 78711-2076.

# **SECTION F**

#### 1. SIGNATURE

After reading the summary, print and sign your name, and date the form. Your signature acknowledges that you have read the summary and that you are aware of your responsibilities regarding your license.

#### **SECTION G**

# 1. CHECKLIST

Check all boxes to verify you have completed the application process and attached or enclosed all requested items such as payment, reports, schedules, labels, etc.

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