



COMMISSIONER SID MILLER

Texas Department of Agriculture
Service Company Change of Registration Information

RWM-706

SECTION A	¹ VERIFICATION INFORMATION	
	Full Legal Name of Business as registered with the Texas Secretary of State	
	TDA Client No.	TDA License No.

SECTION B	¹ EQUIPMENT TO BE SERVICED (check all that apply)	
	<input type="checkbox"/> Class 1: Scales 0 to 300 pounds capacity (\$150)	
	<input type="checkbox"/> Class 2: Scales 301 to 3000 pounds capacity (\$150)	
	<input type="checkbox"/> Class 3: Scales 3001 to 40,000 pounds capacity (\$150)	
	<input type="checkbox"/> Class 4: Scales more than 40,000 pounds capacity (\$150)	
	<input type="checkbox"/> Class 7: Liquid Petroleum Gas (LPG) measuring devices (\$150)	

SECTION C	¹ INSURANCE INFORMATION		
	Name of Insurance Company		Name of Local Agency and Phone No.
	Address		
	City	State	Zip
	Business Phone () -		Fax (optional) () -
	² POLICY INFORMATION		
	Policy No.	Policy Limits	
	Effective Date / / month day year		Expiration Date / / month day year

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.)

Legal Name of Business _____

SECTION D	¹ PAYMENT	
	Please see instructions for applicable fees.	
	REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.	
	Method of Payment (payable to Texas Department of Agriculture) <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> 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

SECTION E	¹ SIGNATURE	
	By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties.	
	Applicant Name	Title
	Applicant Signature	Date / / month day year

SECTION F	¹ CHECKLIST
	Please use this checklist to ensure you are sending all of the necessary information and documents. <input type="checkbox"/> Service Company Change of Registration Information <input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee.) <input type="checkbox"/> Copy of Certificate of Insurance
	Please note that an incomplete application may result in denial or delay in processing the application.