



COMMISSIONER SID MILLER

P.O. Box 12847 Austin, Texas 78711 ♦ (877) 542-2474 ♦ (512) 463-7476 ♦
Hearing impaired: (800) 735-2988 voice ♦ www.TexasAgriculture.gov

Texas Department of Agriculture
Application for Private Pesticide Applicator
Recertification Exam

PA-403

SEC. A	¹ EXAM NAME
	Private Pesticide Applicator Recertification Exam (If your license has expired, you need to complete this form and return it to TDA. This exam is administered by PSI Exams and to be on their eligible to test list, you must be in account, late or delinquent status.)

SECTION B	¹ APPLICANT INFORMATION			
	<input type="checkbox"/> Driver License No. _____ (required)		<input type="checkbox"/> TX	
	<input type="checkbox"/> State Issued ID No. _____ (if DL is not available)		<input type="checkbox"/> Other _____	
	TDA Client No.		TDA License No.	
	First Name (Legal Name)	M. I.	Last Name	
	Mailing Address			
	City	State	Zip	Phone () - Ext.

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.)

SECTION C	¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS <input type="checkbox"/> SAME AS ABOVE			
	First Name		M. I.	Last Name
	Primary Phone () - Ext.		Secondary Phone (optional) () - Ext.	
	Fax (optional) () - Ext.			
	E-mail Address:			
	Important Note I understand that my email address is required for 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, thereby, resulting in monetary penalties.			
	² MAILING ADDRESS <input type="checkbox"/> SAME AS APPLICANT ADDRESS			
Address				
City			State	Zip
SECTION D	¹ FACILITY (LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT)			
	Facility Name (If applicable)			
	² PHYSICAL ADDRESS OF FACILITY			
	Address (No P.O. Box)			
	City	State	Zip	County
Directions to Physical Location if address above is difficult to find				

SECTION E	¹ SIGNATURE	
	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, 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 (mm/dd/yy) / /

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