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www.TexasAgriculture.gov

Texas Department of Agriculture
Technician Exam Application

SPT-420

COMMISSIONER SID MILLER

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|---|---|------|---------------------|-------------|
| SECTION A | ¹ LICENSE TYPE (PLEASE CHECK ONE) | | TDA USE ONLY | |
| | <input type="checkbox"/> Commercial (NO FEE REQUIRED) | | Client No. | Account No. |
| | <input type="checkbox"/> Noncommercial (NO FEE REQUIRED) | | | |
| | <input type="checkbox"/> Noncommercial Political (Govt. or School) (NO FEE REQUIRED) | | | |
| My spouse is an active duty service member.* <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date | Initials | |

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|--|---------------|-----------------------|----------------|-----------|
| ¹ APPLICANT INFORMATION **REQUIRED** | | | | |
| Social Security No. (SSN – required†) | | | Date of Birth: | |
| Current Apprentice Registration Number: | | | | |
| First Name (Legal Name) | | M. I. | Last Name | |
| Home Mailing Address | | City | | State Zip |
| Physical Address (if different) | | City | | State Zip |
| Phone Number | Email Address | Driver License Number | | |
| ***Important Note*** I understand that if I provide my email address the Texas Department of Agriculture may, from time to time, send electronic communications to me that will keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. If I fail to provide an email address I understand that I may not receive time-sensitive or important communications that could affect my license or compliance with state regulations, and risk the imposition of monetary or other penalties. | | | | |

NOTE: You must be CURRENTLY registered with the Business/Employer below in order to test

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| SECTION C | ¹ EMPLOYER INFORMATION **REQUIRED** | | | |
| | Business Name | | TPCL # | |
| | ² EMPLOYER FACILITY ADDRESS (NO P.O. BOX) | | | |
| | Address | | City | State Zip |

- † A social security number is mandatory and required by Texas Family Code § 231.302 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 TDA's website at www.TexasAgriculture.gov or by request through 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.
- 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 _____

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| SECTION D | ¹ CATEGORY TRAINING **REQUIRED** | | | | | | | | | | |
| | I certify that I have provided the training as listed out on Rule §7.132 for the apprentice of this application. The apprentice has been trained in the following categories: | | | | | | | | | | |
| | ² CATEGORY(S) WHICH APPRENTICE WAS TRAINED (PLEASE SELECT CATEGORY(S) BELOW) <table border="0"> <tr> <td><input type="checkbox"/> Pest</td> <td><input type="checkbox"/> Lawn and Ornamental</td> <td><input type="checkbox"/> Commodity Fumigation</td> </tr> <tr> <td><input type="checkbox"/> Termite</td> <td><input type="checkbox"/> Weed</td> <td><input type="checkbox"/> Structural Fumigation</td> </tr> <tr> <td><input type="checkbox"/> Wood Preservation</td> <td></td> <td></td> </tr> </table> | | | <input type="checkbox"/> Pest | <input type="checkbox"/> Lawn and Ornamental | <input type="checkbox"/> Commodity Fumigation | <input type="checkbox"/> Termite | <input type="checkbox"/> Weed | <input type="checkbox"/> Structural Fumigation | <input type="checkbox"/> Wood Preservation | |
| <input type="checkbox"/> Pest | <input type="checkbox"/> Lawn and Ornamental | <input type="checkbox"/> Commodity Fumigation | | | | | | | | | |
| <input type="checkbox"/> Termite | <input type="checkbox"/> Weed | <input type="checkbox"/> Structural Fumigation | | | | | | | | | |
| <input type="checkbox"/> Wood Preservation | | | | | | | | | | | |
| ³ SIGNATURE | | | | | | | | | | | |
| Printed Name and License Number of Responsible CA (print) | | Signature of Responsible CA | | | | | | | | | |

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| SECTION E | ¹ STRUCTURAL PEST CONTROL ELIGIBILITY NOTIFICATIONS | | |
| | <p>Notice on Criminal Histories: TDA performs criminal history searches on all Structural Pest Control applicants and licensees, including those applying for renewal of an existing license. At minimum, criminal history information is sought from the Texas Department of Public Safety. This process may delay agency action on a license application if the applicant's criminal history reveals an arrest for, conviction of, or a plea of guilty to a criminal offense. If an applicant's or licensee's criminal history reveals a conviction or plea of guilty to a criminal offense, the applicant will be asked to submit additional information to demonstrate the applicant's current fitness to be licensed. Failure to submit the requested information, submission of false or misleading information, or failure to demonstrate current fitness to be licensed may result in denial of the application or revocation of an existing license.</p> | | |

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| SECTION F | ¹ STRUCTURAL PEST CONTROL ELIGIBILITY NOTIFICATIONS | | |
| | <ul style="list-style-type: none"> • APPLICANTS MUST ATTACH A COPY OF THE CERTIFICATE OF COMPLETION FROM THE TECHNICIAN TRAINING COURSE OR EMAIL TO eligibility@texasagriculture.gov • I HAVE READ AND UNDERSTAND THE STRUCTURAL PEST CONTROL ACT AND SPCS REGULATIONS. • A WILLFUL MISSTATEMENT OF FACT ON THIS APPLICATION WILL CONSTITUTE GROUNDS FOR DENIAL, REVOCATION OR REFUSAL TO ISSUE A LICENSE. | | |

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| SECTION G | ¹ SIGNATURE **REQUIRED** | | |
| | <p>The applicant and the businesses' responsible certified applicator, through their signatures below and in section D, (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 the applicant's employer, 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 of the applicant or employer, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.</p> | | |
| | Name of Apprentice/Technician Applicant (print) | | Date |
| Signature of Apprentice/Technician Applicant | | | |

EMAIL COMPLETED FORM AND CERTIFICATE TO eligibility@texasagriculture.gov