



**Texas Department of Agriculture**  
**SPCS Individual License Information Change Form**

COMMISSIONER SID MILLER

**SPC-002**

|                  |                                                         |      |           |        |
|------------------|---------------------------------------------------------|------|-----------|--------|
| <b>SECTION A</b> | <b><sup>1</sup> LICENSEE IDENTIFICATION INFORMATION</b> |      |           |        |
|                  | First Name (No nicknames)                               | M.I. | Last Name | Suffix |
|                  | TDA License No. (Required)                              |      |           |        |

Please provide **only** the information below that has **changed**.

|                  |                                                                                    |      |           |        |
|------------------|------------------------------------------------------------------------------------|------|-----------|--------|
| <b>SECTION B</b> | <b><sup>1</sup> CHANGE TO PERSON'S LEGAL NAME (INCLUDE COPY OF LEGAL DOCUMENT)</b> |      |           |        |
|                  | First Name                                                                         | M.I. | Last Name | Suffix |

|                  |                                                      |       |     |
|------------------|------------------------------------------------------|-------|-----|
| <b>SECTION C</b> | <b><sup>1</sup> CHANGE PERSON'S PHYSICAL ADDRESS</b> |       |     |
|                  | Address (No P.O. Box)                                |       |     |
|                  | City                                                 | State | Zip |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       |                            |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>SECTION D</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b><sup>1</sup> CHANGE PERSON'S CONTACT INFORMATION (IF DIFFERENT THAN LICENSEE)</b>                  |                            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | First Name                                                                                            | M. I.                      | Last Name |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b><sup>2</sup> CHANGE PERSON'S MAILING ADDRESS</b> <input type="checkbox"/> SAME AS PHYSICAL ADDRESS |                            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address                                                                                               |                            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 390 N. County Road 1030                                                                               |                            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City                                                                                                  | State                      | Zip       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Kingsville                                                                                            | TX                         | 78363     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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. |                                                                                                       |                            |           |
| <b><sup>3</sup> CHANGE PERSON'S PHONE NUMBERS</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                            |           |
| Primary Phone                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       | Secondary Phone (optional) |           |
| ( ) - Ext.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       | ( 361 ) 466 - 7069 Ext.    |           |

Send completed form to:  
[spslicensing@texasagriculture.gov](mailto:spslicensing@texasagriculture.gov)  
or FAX 1-800-909-8534

|                                                                                                   |                                                                                                                                                                                                       |                                                                                                    |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>SECTION E</b>                                                                                  | <b><sup>1</sup> CHANGE OF EMPLOYER (COMPLETE SECS A – E – I)</b>                                                                                                                                      |                                                                                                    |
|                                                                                                   | <input type="checkbox"/> Remove me from the following Business:                                                                                                                                       |                                                                                                    |
|                                                                                                   | Business Name: _____                                                                                                                                                                                  |                                                                                                    |
|                                                                                                   | Business License Number: _____ Date of Exit _____                                                                                                                                                     |                                                                                                    |
|                                                                                                   | <input checked="" type="checkbox"/> Add me to the following Business: (CA's & Tech's only)<br>Business Name: <u>QRS Inspections LLC</u><br>Business License Number: <u>0968865</u> Date of Hire _____ | I will be the Business' Responsible CA<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature of Business Representative (Required to be added to a business)<br><i>Suzanne Regan</i> |                                                                                                                                                                                                       | Date                                                                                               |

|                  |                                                                                                                                                                                                                       |      |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>SECTION F</b> | <b><sup>1</sup> CHANGE LICENSE TO INACTIVE STATUS (COMPLETE SECS A – C – D – F)</b>                                                                                                                                   |      |
|                  | I am no longer employed within the pest control field, but do not want my license to lapse. Please remove me from any business/agency I am associated with and change the status of my license to <b>"Inactive"</b> . |      |
|                  | Signature of Licensee                                                                                                                                                                                                 | Date |

|                       |                                                                                                                                                                                              |      |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>SECTION G</b>      | <b><sup>1</sup> REMOVE A CATEGORY (COMPLETE SECS A &amp; G)</b>                                                                                                                              |      |
|                       | I am no longer providing pest control services in the categories circled below. Please remove them from my license. I realize that I will have to re-examine to regain any category removed. |      |
|                       | Category: P T L W C D S                                                                                                                                                                      |      |
| Signature of Licensee |                                                                                                                                                                                              | Date |

|                  |                                                                                            |      |
|------------------|--------------------------------------------------------------------------------------------|------|
| <b>SECTION H</b> | <b><sup>1</sup> CANCEL THIS LICENSE (CA'S &amp; TECHS ONLY) (COMPLETE SECS A &amp; H)</b>  |      |
|                  | Please cancel my license. I am aware that I may have to re-examine to regain this license. |      |
|                  | Signature of Licensee                                                                      | Date |

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>SECTION I</b> | <b><sup>1</sup> SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                          |                          |
|                  | By submitting changes to licensing information, the licensee affirms all information provided is true and correct to the best of the licensee's knowledge. Any misrepresentation or false statement made by the licensee 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. |                          |
|                  | Name of Licensee (print)                                                                                                                                                                                                                                                                                                                                                                                               |                          |
|                  | Signature of Licensee (Required)                                                                                                                                                                                                                                                                                                                                                                                       | Date (mm/dd/yyyy)<br>/ / |

This application 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 522.021, 522.023, and 559.004.)

**Texas Department of Agriculture**  
**SPCS Individual License Information Change Form**

**SPC-002**

**Instructions**

**Note: CA's, Technicians, and Apprentices only!**  
**To make changes to a Business License**  
**please submit form SPC-001**

**Section A**

Print/Type your name and license number as it appears on your license/registration. If you do not know your license/registration number please contact this office at 877-542-2474 between 8:00 a.m. and 5:00 p.m. weekdays to have it looked up for you.

Only Complete the Following Sections if a Change Has Occurred

**Section B**

Legal Name Change – Print/Type the new name of the licensee. Include a copy of the legal document that authorizes this change (marriage license, divorce decree, court order, etc.)

**Section C**

Physical Address – If any address information has changed please provide the correct information in the corresponding box. A P.O. Box may NOT be listed as a physical address.

**Section D**

Contact Information – Print/Type the name of the contact (if someone other than the licensee). If any address information has changed please provide the correct information in the corresponding box. If the address is the same as that in Section C, you may check the “Same As...” box instead of filling out each field.

**Section E**

List the business name and license number of the business you are no longer associated with. Include the date that your association with this business ended in the space titled “Date of Exit”.

List the business name and license number of the business that has hired you. Include the “Date of Hire” in the space provided.

If you are being **added** to a business, a representative of the business hiring you must also sign the form. This person will need to be on file with TDA as either the Responsible Certified Applicator or as the owner, manager, CEO, etc.

-Continued-

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**Section F**

Inactive Status – If you will no longer be using your license, but do not want to let it lapse, you should request to go into Inactive status by signing and dating this section. This will change your expiration date to December 31<sup>st</sup>. All inactive licenses expire on this date. You will still need to complete your continuing education and pay the renewal fees every year. A renewal invoice will be sent to your contact address in the middle of November. It is important for you to list your current address (Sections C and D) to ensure the invoice arrives promptly.

**Section G**

Category Removal – If you will no longer be practicing in a particular category (either due to not getting the required continuing education or any other reason) circle the category to be removed then sign and date in the space provided. The category will be removed and an updated license will be issued.

**Section H**

By signing this section you are instructing TDA to cancel your license. Once this request is processed, reinstatement of this license cannot be guaranteed. For Certified Applicators, a new application, examination, and/or additional fees may be required. Technicians and Apprentices will be required to submit a new application (Form SPT-430), fee, and complete all required training.

**Section I**

This form must be signed by the licensee. Failure to sign the form will cause delays in processing.

Send completed form to:  
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or FAX 1-800-909-8534

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