

SALES REPRESENTATIVE &  
INDEPENDENT CONTRACTOR AGREEMENT

This INDEPENDENT CONTRACTOR AGREEMENT (“Agreement”) is entered into on \_\_\_\_\_, by and between Reliant Pest Management LLC (hereinafter referred to as “Reliant”) and \_\_\_\_\_ (hereinafter referred to as “Sales Representative”).

**1. Purpose of Agreement**

The purpose of this agreement is to set forth the relationship of Reliant and Sales Representative in the sale of residential pest control services (such services are hereinafter referred to as the “Services”). Sales Representative shall have no other obligation to perform other duties for Reliant other than the sale of the Services.

**2. Personal Sales and Commissions**

Reliant shall pay Sales Representative the commissions and bonuses set forth in Paragraph 11 (“Compensation Schedule for Sales Representative”). Reliant may seek a refund (through offset or direct repayment) of any commissions or bonuses paid to Sales Representatives that are subsequently determined by Reliant not to be due to Sales Representatives. Commissions will not be due on sales that are not collected by Reliant due to non-payment or that later are determined to have been made using unethical sales practices, as determined in the sole discretion of Reliant. It will be the complete and full responsibility of the Sales Representative to report and pay taxes on all commissions and bonuses paid to Sales Representative hereunder.

**3. Cost & Expenses**

Sales Representative is responsible for all costs and expenses incurred by him in his efforts to sell the Services, including without limitation to the costs of any incentives paid to Technicians beyond the compensation paid to them directly by Reliant under their respective employment agreements.

**4. Obligations of Reliant**

In support of Sales Representative’s efforts hereunder, Reliant agrees that it will (i) keep Sales Representative fully informed on all developments, applications, and specification changes in Services provided; (ii) be available to provide Sales Representative with assistance in working with the local branch; (iii) process all orders for Services submitted by Sales Representative to Reliant in a timely manner and coordinate for the timely completion of Services; (iv) make commission payments to Sales Representative in a timely manner; and (v) provide draws and commission prepayments to Sales Representative in a timely manner.

**5. Term**

This Agreement shall begin on the date set forth above and will continue until the stated End Date below. The selling activities of Sales Representative may begin as early as February 1<sup>st</sup> and may extend through December 1<sup>st</sup>.

I \_\_\_\_\_, commit to begin actively selling in Houston starting on \_\_\_\_\_ and will end on \_\_\_\_\_ (the "End Date"). I understand that I may extend my work past this date but there are consequences and penalties if I do not work up until this stated end date. I commit to attend all sales training meetings held throughout my work agreement and to adhere to the work schedule attached as Exhibit B. I recognize and agree that in the event I do not adhere to the attached work schedule I will incur the penalties and forfeitures outlined on said schedule.

## **6. Termination**

This Agreement may be terminated prior to the end of the term set forth above in accordance with the following:

- a) Either by Reliant of Sales Representative at any time if the other party defaults in the performance of any material term of condition of this Agreement, and if such default shall continue unremedied for a period of six (6) days after written notice thereof is given to the defaulting party by the other party. Such termination shall be effective upon the end of the 6-day notice period;
- b) Upon Sales Representative's inability to perform Sales Representative's obligations under this Agreement by reason of ill health or otherwise, provided, however, that Reliant shall give Sales Representative at least fourteen (14) days' prior notice of termination pursuant to this section;
- c) Immediately upon written notice to Sales Representative if Sales Representative conducts himself in a manner that reflects poorly on Reliant or is inconsistent with the "Reliant Experience," as determined in the sole discretion of Reliant, or if Sales Representative misrepresents switchovers, falsifies referrals, contacts other pest control companies to switchover accounts, uses illegal or improper sales tactics, including speaking poorly of competitive pest control services, or is dishonest in selling or performing his duties.

## **7. Effect of Termination**

In the event of expiration or termination of this Agreement in accordance with any of the provisions of this Agreement, the following shall occur:

- a) Sales Representative shall return to Reliant, or take such action requested by Reliant with respect to all sales, advertising and promotional materials and similar items pertaining to Services;
- b) Except as otherwise set forth herein, neither Reliant nor Sales Representative shall be liable to the other because of such expiration or termination for compensation, reimbursement, or damages for the loss of prospective revenues, profits or anticipated sales;

- c) Should this agreement terminate prior to the stated end date, Sales Representative will be financially responsible for prepaid signing bonuses, commission pre-payments or advances, and pay any other type of unearned compensation previously paid or advanced by Reliant. Sales Representative agrees that Reliant may use reasonable efforts to collect the unearned amount of the prepaid signing bonuses or advances, including use of a collection and an action in small claims court;

The provisions entitled Relationship of the Parties, Non-Compete Agreement, and Miscellaneous shall survive the termination or expiration of this Agreement.

### **8. Relationship of the Parties**

Sales Representative is appointed by Reliant only for the purposes and to the extent set forth in this agreement, and Sales Representative's relation to Reliant shall, during the period covered by this Agreement, be that of an independent contractor. Sales Representative does not have and shall not have any power, and Sales Representative shall not represent that Sales Representative has any power, to bind Reliant to assume or create any obligation or responsibility, express or implied, on behalf of Reliant or in its name. Sales Representative shall not be considered under the provisions of this Agreement or otherwise as having an employee status or as being entitled to participate in any plans, arrangements, or distributions by Reliant pertaining to or in connection with any pension, stock, bonus, profit sharing, or similar benefits for Reliant employees.

### **9. Non-Compete Agreement**

During your contracted work period with Reliant, you will become familiar with certain trade secrets and confidential information relating to Reliant's business, its business secrets, and its methods of doing business. This information may include information about successful sales areas, desirable customer or neighborhood profiles, effective marketing strategies, training techniques and materials, information on the services that you are selling, your fellow employees and other information that is considered a trade secret under applicable law. You will also create for Reliant valuable business, customer and employee contacts and relationships, and will provide and receive valuable training relating to Reliant's business. All of this information is considered to be confidential and proprietary to Reliant. You understand that use of this Confidential Information by you or any other person or entity outside of Reliant would be very damaging to Reliant.

In exchange for your association with Reliant under this Agreement, you agree to protect Reliant's business interests with its customers, employees and business associates.

1. Both during and after your employment, you will not divulge or communicate in any form or manner the Confidential Information to any third party without first obtaining Reliant's express written permission. You will take all appropriate steps to ensure that the secrecy of the Confidential Information in your possession is maintained. You will not directly or indirectly use the Confidential Information in any way whatsoever in the development, production, marketing or selling of any

- product, process or service which resembles or competes with any product, process or service which Reliant currently offers or sells or may hereafter offer or sell, either directly or on behalf of a pest control provider. Upon the termination of your employment with Reliant, you will return to Reliant all documents, records, computer disks or any other form of the Confidential Information, including copies, in your possession or under your control. You agree not to retain any copies of any documents containing or constituting Confidential Information.
2. You will not, for a period of eighteen (18) months from the date your employment with Reliant ceases for any reason, directly or indirectly, either alone or with any other person or entity:
    - a. market, sell or promote any pest control product or service that is similar to or competes in any way with any product or service sold or provided or planned to be sold or provided by Reliant, in any location of the United States that is within fifty (50) miles of any location where you personally sold or managed the sale of pest control products and services while employed by Reliant;
    - b. solicit any customers of Reliant that you or your sales team has called on or that you or your sales teams became acquainted with during the term of your employment;
    - c. induce any customer of, supplier to or business partner of Reliant to terminate their relationship with Reliant.
    - d. solicit, induce, recruit, or encourage any of Reliant's then-current employees or consultants (including full-time and seasonal employees and consultants) to leave their employment with Reliant; or
    - e. solicit, induce, or recruit students at any of the college campuses in which you recruited for Reliant to work with any person or entity that sells, distributes or markets any product, service or process that is similar to or competes in any way to any product service or process then sold or provided or anticipated or planned to be sold by Reliant.
  3. Should your employment end during the "pre-season" [between the execution of this agreement and before the summer start date (approximately 5/1/21)], you may not work for any competitor through the end of the 2021 season (9/30/21), including recruitment activities in competition with Reliant.
  4. You will not speak badly of, disparage or otherwise make negative reference to Reliant, its employees and contractors, its manner of doing business, or the pest control products or services marketed and sold by Reliant.

You agree that the above obligations are reasonable and necessary to protect the business interests of Reliant and that they will not preclude you from making a living when you leave the employment of Reliant. Any court or administrative body will construe and interpret this Agreement to be enforceable to the full extent available under the law. If any provision is deemed by a court to be overly restrictive, such court shall only enforce such provision to the extent deemed reasonable by such court.

In the event of your breach of the above obligations, you agree that the remedy of Reliant for such breach will be equal to one half (1/2) of the average total earnings per Sales Representative during Reliant's most recent summer sales period.

#### **10. Miscellaneous**

- a) **Scope of Agreement.** This Agreement constitutes the entire agreement between the parties, supersedes and terminates any and all prior agreements or contracts, whether oral or in writing, if any, entered into between Reliant and Sales Representative as of the effective date of this Agreement, and no change, termination, or waiver or other modification of any of the provisions hereof shall be binding on the Reliant or Sales Representative unless in writing and signed by a duly authorized member of management thereof.
  
- b) **Taxes.** Sales Representative acknowledges and agrees that it shall be the obligation of Sales Representative to report as self-employment income, commissions received by Sales Representative hereunder and agrees to reimburse, indemnify and to hold and save Reliant harmless to the extent of any obligation imposed by law on Reliant to pay any withholding taxes, social security, unemployment or disability liability insurance or similar items in connection with any payments made to Sales Representative.

#### **11. Compensation for Sales Representative**

##### **Terms of Compensation**

Sales Representative acknowledges and agrees that he will be paid 20% for all active accounts as of January 20, 2022, and his commission percentage will increase in accordance with the attached compensation schedule entitled Exhibit A.

##### **AutoPAY Requirements**

In order to be commissioned as outlined on the retroactive bonus schedule Sales Representatives will be required to maintain a ratio of no less than 50% AutoPAY for accounts sold. In the event that the Sales Representative drops below 50% AutoPAY requirement there will be a negative adjustment of 3% made to the commission rate on all accounts. Should the Sales Representative average 50% but less than 60% AutoPAY, there will be a negative adjustment of 2% made to the commission rate on all accounts. In the event that the Sales Representative maintains an average of 60% but less than 70% AutoPAY, there will be a negative adjustment of 1% to the commission rate on all accounts. AutoPAY accounts are considered to be accounts set up on the Reliant Automatic Payment Plan or accounts that have paid for the year's services in advance.

##### **Personal Sales**

This compensation plan is for customers who are contracted to receive service two months in a row, and then every two months (BM) or every three months (QT) for a minimum of one year. Your active and current customers as of January 20, 2022 will determine how many sales you will be paid for and how much you will be paid per sale.

If you do not work the dates required by this contract or quit selling full-time or are terminated by the company, you will only receive \$75.00 per sale for all active sales.

### **Cancellations**

Sometimes customers discontinue service or fail to pay for service. When a customer discontinues service or does not pay within 60 days of receiving a bimonthly or 90 days of receiving a quarterly service will not qualify to receive commissions for that particular customer. Commissions already paid to the Sales Representative will be deducted from future paychecks. In order to qualify as a commissionable account the customer must receive and pay for at least three services. Reliant reserves the right to hold back commissions on accounts with past due invoices until such outstanding balances have been paid. In the event that a customer does not make payment on past due invoices within 60 days of receiving a bimonthly service or 90 days of receiving a quarterly service the Sales Representative will not receive commissions for that particular customer.

### **Housing**

Reliant will provide Sales Representative with a furnished apartment. Four to six single people will live in each apartment unit. Sales representative will not be required to pay for their housing as long as they work their contracted work agreement. In the event that Sales Representative does not complete his/her work agreement he will be penalized and responsible for a portion of this cost in accordance with Exhibit B. Sales Representatives will be financially responsible for damages to the apartment and furnishings. Reliant reserves the right to withhold money from Sales Representatives' paychecks to pay for the costs of cleaning their apartments and paying for property damage caused by the Sales Representative.

## **12. Scheduled Incentives, Draws and Commission Payments**

Sales Rep acknowledges that his commission rate will start at 20% and that increases in that rate and additional bonuses are available as outlined in attached payscale.

Sales Rep is only paid on accounts that are deemed "active and commissionable" by Reliant. A customer will not be deemed "commissionable" if they cancel service, are more than 60 days past due on any payment, are refusing service for any reason or not returning calls to make appointments for service. Customers must be deemed "active and commissionable" as of January 20th to be included in Sales Rep's compensation.

On the 5th and 20th of each month, Reliant will calculate a commissions earned report. This report will include the sum of all "active and commissionable accounts" sold by the Sales Rep during that year. In conjunction with distributing this report, Reliant will pay the Sales Rep so that at any given point he has been paid 60% of his commissions earned for the year. For our summer program, these reports and disbursements will occur on June 5, June 20, July 5, July 20, August 5 and August 20th.

On September 20th, Reliant will run another commissions earned report. Reliant will calculate the Sales Rep's commissions earned, subtract out all commissions paid to Sales Rep to that point, and determine Rep's Commissions Due. Reliant will then distribute 25% of the Rep's Commissions Due at this point. The remaining amount will be held until final calculations are done on January 20th.

IN WITNESS WHEREOF, the parties have executed this Agreement the day and year first above written.

RELIANT PEST MANAGEMENT LLC

By: Martin (Trey) C. Clawson III

Title: Strategic Business Manager

SALES REPRESENTATIVE

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## EXHIBIT A - 2021 FIRST YEAR SALESREP COMPENSATION SCHEDULE

Sales Productio | Commission Percentage | Production Bonus | Progressive Bonus\* | Fuel Incentive\*\* | Earnings Per Sale\*\* | Total Earnings\*\*

>75	20%	\$0	\$700	\$250	\$94	\$6,590
75	24%	\$300	\$700	\$250	\$141	\$9,710
100	30%	\$800	\$700	\$250	\$141	\$16,150
125	30%	\$1,200	\$700	\$250	\$141	\$20,875
150	30%	\$3,000	\$700	\$250	\$141	\$27,400
200	30%	\$4,000	\$700	\$250	\$141	\$33,150
250	30%	\$5,000	\$700	\$250	\$141	\$50,500
300	30%	\$6,000	\$700	\$250	\$141	\$63,550
350	30%	\$7,000	\$700	\$250	\$141	\$77,600
400	30%	\$8,500	\$700	\$250	\$141	\$93,150
500	30%	\$10,000	\$700	\$250	\$141	\$117,250

\$470 Figures Based on a \$470 Contract Value - This Matrix is Retroactive

*\*Progressive Bonus will be determined by the # accounts serviced each month. All other bonuses will be determined by the # of active accounts on January 20, 2022 and will be distributed on that date.*

*\*\*These are estimates*

**NOTE:** In the event that Salesreps do not honor both their contracted work period and their contracted work schedule, the above incentives will be forfeited.

## EXHIBIT B - Expected Work Schedule

	Mon through Fri	Sat
<b>9:30-10:30</b>	Sales Training	Sales Training
<b>10:30-2</b>	Sales	Sales
<b>2-4</b>	Break	Sales
<b>4-Dark</b>	Sales	Off by 5

Sales Representative agrees to work this “expected work schedule” with the following conditions and associated penalties:

- Sales Representative is allowed up to **5** personal days during the duration of his/her contracted work period in which he/she is not required to follow this schedule. These personal days are used at the discretion of the Sales Representative.
- Sales Representative understands that any and all bonuses for which he/she is eligible are contingent upon taking no more than 5 personal days. Upon exceeding that amount, the Sales Representative forfeits his/her right to all bonuses and incentives. This includes, but is not limited to, the Progressive Bonus and the Fuel Incentive.
- While Reliant agrees to provide Sales Representatives with furnished housing, the Sales Representative agrees to be responsible for \$15 of that cost for each personal day taken in excess of the 5 allotted. Sales Representative acknowledges that the housing is provided with the obligation of completing one’s work agreement.





Name as it appears on DL: \_\_\_\_\_

DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

TX DL#: \_\_\_\_\_ SS#: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

E.C. Phone #: \_\_\_\_\_



## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize Reliant Pest Management LLC. to initiate automatic deposits to my account at the financial institution named below. I also authorize Reliant Pest Management LLC. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Reliant Pest Management LLC. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Reliant Pest Management LLC. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

## **iPad Agreement**

Sales rep agrees to be responsible for the iPad that is issued to them by Reliant Pest Management. Sales rep acknowledges that they have received this iPad at NO COST to themselves, and that the iPad is property of Reliant Pest Management. Sales rep agrees to use and care for the iPad in a responsible fashion and recognizes his/her responsibility to connect and pay for the data necessary to operate the iPad. Sales rep also agrees to be responsible for any damages to, or loss of, this iPad. Rep acknowledges that the iPad was purchased for \$459 + tax, and that they will be responsible for the cost of replacement of this iPad in the event that they lose, damage, allow it to be stolen, or simply misplace it. Rep authorizes Reliant Pest Management to withhold this amount from their compensation if/when the iPad must be replaced.

Comments:

Rep Name: \_\_\_\_\_

Rep Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Instructions

Start Over

Print

# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

### Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) ?		First Name (Given Name) ?		Middle Initial ?	Other Last Names Used (if any) ?	
Address (Street Number and Name) ?			Apt. Number ?	City or Town ?		State ? ▼
Date of Birth (mm/dd/yyyy) ?	U.S. Social Security Number ?		Employee's E-mail Address ?		Employee's Telephone Number ?	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States ?	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) ?	
<input type="checkbox"/> 3. A lawful permanent resident ? (Alien Registration Number/USCIS Number): ?	_____
<input type="checkbox"/> 4. An alien authorized to work ? until (expiration date, if applicable, mm/dd/yyyy): ? Some aliens may write "N/A" in the expiration date field. (See instructions)	_____
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: ?	_____
<b>OR</b>	
2. Form I-94 Admission Number: ?	_____
<b>OR</b>	
3. Foreign Passport Number: ?	_____
Country of Issuance: ?	_____

QR Code - Section 1  
Do Not Write In This Space

Signature of Employee ?	Today's Date (mm/dd/yyyy) ?
-------------------------	-----------------------------

### Preparer and/or Translator Certification (check one): ?

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator ?		Today's Date (mm/dd/yyyy) ?	
Last Name (Family Name) ?		First Name (Given Name) ?	
Address (Street Number and Name) ?		City or Town ?	State ?    ZIP Code ?

Click to Finish



Employer Completes Next Page





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

### Section 2. Employer or Authorized Representative Review and Verification

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b> ?	Last Name (Family Name) ?	First Name (Given Name) ?	M.I. ?	Citizenship/Immigration Status ? Allowed to Work in U.S. ▼
---------------------------------------	---------------------------	---------------------------	--------	---

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title ?		Document Title ? Driver's License		Document Title ? Social Security Card
Issuing Authority ?		Issuing Authority ?		Issuing Authority ? U.S.
Document Number ?		Document Number ?		Document Number ?
Expiration Date (if any) (mm/dd/yyyy) ?		Expiration Date (if any) (mm/dd/yyyy) ?		Expiration Date (if any) (mm/dd/yyyy) ? N/A
Document Title ? ▼		Additional Information ?		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority ? ▼				
Document Number ?				
Expiration Date (if any) (mm/dd/yyyy) ?				
Document Title ? ▼				
Issuing Authority ? ▼				
Document Number ?				
Expiration Date (if any) (mm/dd/yyyy) ?				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): ? \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative ? 	Today's Date (mm/dd/yyyy) ?	Title of Employer or Authorized Representative ? Strategic Business Manager	
Last Name of Employer or Authorized Representative ? Clawson	First Name of Employer or Authorized Representative ? Martin	Employer's Business or Organization Name ? Reliant Pest Management	
Employer's Business or Organization Address (Street Number and Name) ? 600 Kenrick Drive STE B1		City or Town ? Houston	State ? TX ▼
		ZIP Code ? 77060	

Click to Finish



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

<b>Employee Name from Section 1:</b>	Last Name (Family Name) ?	First Name (Given Name) ?	Middle Initial ?
--------------------------------------	---------------------------	---------------------------	------------------

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b> ?			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name) ?	First Name (Given Name) ?	Middle Initial ?	Date (mm/dd/yyyy) ?

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title ?	Document Number ?	Expiration Date (if any) (mm/dd/yyyy) ?
------------------	-------------------	---

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative ?	Today's Date (mm/dd/yyyy) ?	Name of Employer or Authorized Representative ?
--	-----------------------------	---

Click to Finish

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



P.O. Box 12076 Austin, Texas 78711 ♦ (877) 542-2474 ♦  
 Hearing impaired: (800) 735-2988 voice ♦ (800) 735-2989 (TTY)  
 www.TexasAgriculture.gov

COMMISSIONER SID MILLER

**Texas Department of Agriculture**  
*Notice of Apprentice Employment &  
 Application for Technician License*

**SPT-430**

<b>SECTION A</b>	<b><sup>1</sup> LICENSE TYPE (PLEASE CHECK ONE)</b>		<b>TDA USE ONLY</b>	
	<input checked="" type="checkbox"/> Commercial		Client No.	Account No.
	<input type="checkbox"/> Noncommercial			
	<input type="checkbox"/> Noncommercial Political (Government or School)		Date (mm/dd/yy)	Initials
My spouse is an active duty service member.* <input type="checkbox"/> Yes <input type="checkbox"/> No		/ /		

<b>SECTION B</b>	<b><sup>1</sup> APPLICANT INFORMATION</b>				
	Social Security No. (SSN – required†)		Date of Birth		
	First Name (Legal Name)	M. I.	Last Name	Suffix	
	Home Mailing Address		City	State	Zip
	Physical Address (if different)		City	State	Zip
	Phone Number	Email Address	Driver License Number	Date of Hire	
<p><b>***Important Note***</b> I understand that my email address is required by 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 and result in delays along with monetary penalties.</p>					

<b>SECTION C</b>	<b><sup>1</sup> EMPLOYER INFORMATION</b>			
	Business Name			License Number
	Reliant Pest Management			13741
	<b><sup>2</sup> EMPLOYER LOCATION ADDRESS (NO P.O. BOX)</b>			
Address				
600 Kenrick Dr, STE B1				
City	State	Zip	Phone Number	
Houston	TX	77060	281-741-8830	

† 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](http://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 \_\_\_\_\_

<b>SECTION D</b>	<b><sup>1</sup> STRUCTURAL PEST CONTROL ELIGIBILITY NOTIFICATIONS</b>
	<p><b>Notice on Criminal Histories:</b> 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>

<b>SECTION E</b>	<b><sup>1</sup> SIGNATURE</b>	
	<p>The applicant and the applicant's employer, through their signatures below, (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>	
	<b>**REQUIRED**</b>	<b>**REQUIRED**</b>
	Name of Apprentice/Technician Applicant (print)	Name and License Number of Responsible CA (print) Daniel Heki #0571723
	<b>**REQUIRED**</b>	<b>**REQUIRED**</b>
Signature of Apprentice/Technician Applicant	Signature of Responsible CA 	
Date (mm/dd/yy)	Date (mm/dd/yy)	

<b>SECTION F</b>	<b><sup>1</sup> PAYMENT</b>
	<p><b>Application Fee for Apprentice/Technician License is \$125.00</b> <b>This fee is non-refundable.</b></p>
	<p>Mail to: <b>Texas Department of Agriculture</b> <b>P.O. Box 12076, Austin, TX 78711-2076</b></p>

- Date of Hire refers to the date the applicant began training to perform pest control services for the business named above. Pest Control is defined as identifying infestations, making inspection reports, recommendations, estimates, or bids whether oral or written, submitting bids or performing services designed to prevent, control or eliminate infestation.
- This application must be submitted by the employer within 10 days of the date of hire.
- An individual must be at least 16 years of age and be able to demonstrate proficiency in reading U.S. Environmental Protection Agency (EPA) approved pesticide labels and warnings to register as an apprentice and apply for a technician license.

Applicant Name \_\_\_\_\_

**\*\*\*This page is for you to keep as a reference.\*\*\*****Do NOT include this page with your submission.****QUALIFICATIONS AND REQUIREMENTS FOR LICENSING****Technician****Applicant for Technician License (Apprentice)**

1. Complete and submit Application for Technician License (SPT-430) along with \$125.00 fee to TDA within 10 days of individual beginning training for technician.
  - A. SPCS performs review of files and background review, if necessary. A Department of Public Safety background check will be performed if a criminal arrest is indicated on the application.
  - B. Apprentice card issued for one year from date individual began training.
2. Classroom and on the job training may begin on the date of hire, must include:
  - A. 20 hours classroom training in the General Standards.
  - B. 8 hours of classroom training in each category seeking licensure. .
  - C. 40 hours of on the job training in each category seeking licensure. .
  - D. Apprentice shall have continuous on site supervision by a licensed technician or certified applicator until all classroom and on the job training has been completed.
3. Upon completion of classroom and on the job training an apprentice may:
  - A. Provide pest control services in the category(ies) that all training has been completed.
  - B. Pest control services shall be provided under the direct supervision of a certified applicator. This means that a certified applicator shall have personal contact at least three (3) days per week.
4. Apprentice must attend a SPCS Approved General Technician Training Course.
5. Complete and submit an Application for Technician Exam along with a photocopy of the Technician Training certificate. Apprentice must successfully complete an examination of competency in each category desired to receive a technician license.
6. Examination must be passed prior to the expiration date of the apprentice card. May re-test as many times as needed during 12-month period. Apprentices who fail to become licensed as a technician **within the 12-month period** must re-register as an apprentice and repeat steps 1 thru 3 listed above prior to re-testing. The Apprentice Registration cannot be extended. Please schedule tests at least a month prior to the expiration of the apprentice registration to avoid having to re-register.
7. A technician license will be issued when the exam is passed. The expiration date of the technician license will be based upon the expiration date of the business or noncommercial certified applicator.
8. The technician or apprentice must reside within the normally accepted commuting area of the licensed business office or work location.
9. **WDI inspections/reports cannot be performed by an apprentice.** An apprentice may accompany a licensed Technician or Certified Applicator (licensed in termite) performing WDI inspections/reports as a training exercise.

**Licensed Technician**

1. May provide pest control services under direct supervision and must receive on-site instruction at least three (3) days per week from a certified applicator.
2. A technician who has been employed in the pest control industry, under the supervision of a licensed certified applicator, for a total of twelve (12) months within the past twenty-four (24) months and has held a technician license for at least six (6) months within the past twenty-four (24) months may apply to sit for the certified applicator level exams.

## Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>					-			-											
				-			-												
<b>or</b>																			
<b>Employer identification number</b>																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>													-						
												-							

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
------------------	---	---------------------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

#### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.





P.O. Box 12076 Austin, Texas 78711 ♦ (877) 542-2474 ♦  
 Hearing impaired: (800) 735-2988 voice ♦ (800) 735-2989 (TTY)  
 www.TexasAgriculture.gov

COMMISSIONER SID MILLER

**Texas Department of Agriculture**  
*Notice of Apprentice Employment &  
 Application for Technician License*

**SPT-430**

<b>SECTION A</b>	<b><sup>1</sup> LICENSE TYPE (PLEASE CHECK ONE)</b>		<b>TDA USE ONLY</b>	
	<input checked="" type="checkbox"/> Commercial		Client No.	Account No.
	<input type="checkbox"/> Noncommercial			
	<input type="checkbox"/> Noncommercial Political (Government or School)		Date (mm/dd/yy)	Initials
My spouse is an active duty service member.* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		/ /		

<b>SECTION B</b>	<b><sup>1</sup> APPLICANT INFORMATION</b>				
	Social Security No. - (SSN – required†)		Date of Birth		
	First Name (Legal Name)	M. I.	Last Name	Suffix	
	Home Mailing Address		City	State	Zip
	Physical Address (if different)		City	State	Zip
	Phone Number	Email Address	Driver License Number	Date of Hire	
<p><b>***Important Note***</b> I understand that my email address is required by 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 and result in delays along with monetary penalties.</p>					

<b>SECTION C</b>	<b><sup>1</sup> EMPLOYER INFORMATION</b>			
	Business Name			License Number
	Reliant Pest Management			569898
	<b><sup>2</sup> EMPLOYER LOCATION ADDRESS (NO P.O. BOX)</b>			
Address				
421 Chestnut Business Park Dr				
City	State	Zip	Phone Number	
Tomball	TX	77375	281-741-8830	


† 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](http://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 \_\_\_\_\_

<b>SECTION D</b>	<b><sup>1</sup> STRUCTURAL PEST CONTROL ELIGIBILITY NOTIFICATIONS</b>
	<p><b>Notice on Criminal Histories:</b> 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>

<b>SECTION E</b>	<b><sup>1</sup> SIGNATURE</b>	
	<p>The applicant and the applicant's employer, through their signatures below, (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>	
	<b>**REQUIRED**</b>	<b>**REQUIRED**</b>
	Name of Apprentice/Technician Applicant (print)	Name and License Number of Responsible CA (print) Daniel Heki #0571723
	<b>**REQUIRED**</b>	<b>**REQUIRED**</b>
Signature of Apprentice/Technician Applicant	Signature of Responsible CA 	
Date (mm/dd/yy)	Date (mm/dd/yy)	

<b>SECTION F</b>	<b><sup>1</sup> PAYMENT</b>
	<p><b>Application Fee for Apprentice/Technician License is \$125.00</b> <b>This fee is non-refundable.</b></p>
	<p>Mail to: <b>Texas Department of Agriculture</b> <b>P.O. Box 12076, Austin, TX 78711-2076</b></p>

- Date of Hire refers to the date the applicant began training to perform pest control services for the business named above. Pest Control is defined as identifying infestations, making inspection reports, recommendations, estimates, or bids whether oral or written, submitting bids or performing services designed to prevent, control or eliminate infestation.
- This application must be submitted by the employer within 10 days of the date of hire.
- An individual must be at least 16 years of age and be able to demonstrate proficiency in reading U.S. Environmental Protection Agency (EPA) approved pesticide labels and warnings to register as an apprentice and apply for a technician license.

Applicant Name \_\_\_\_\_

**\*\*\*This page is for you to keep as a reference.\*\*\*****Do NOT include this page with your submission.****QUALIFICATIONS AND REQUIREMENTS FOR LICENSING****Technician****Applicant for Technician License (Apprentice)**

1. Complete and submit Application for Technician License (SPT-430) along with \$125.00 fee to TDA within 10 days of individual beginning training for technician.
  - A. SPCS performs review of files and background review, if necessary. A Department of Public Safety background check will be performed if a criminal arrest is indicated on the application.
  - B. Apprentice card issued for one year from date individual began training.
2. Classroom and on the job training may begin on the date of hire, must include:
  - A. 20 hours classroom training in the General Standards.
  - B. 8 hours of classroom training in each category seeking licensure. .
  - C. 40 hours of on the job training in each category seeking licensure. .
  - D. Apprentice shall have continuous on site supervision by a licensed technician or certified applicator until all classroom and on the job training has been completed.
3. Upon completion of classroom and on the job training an apprentice may:
  - A. Provide pest control services in the category(ies) that all training has been completed.
  - B. Pest control services shall be provided under the direct supervision of a certified applicator. This means that a certified applicator shall have personal contact at least three (3) days per week.
4. Apprentice must attend a SPCS Approved General Technician Training Course.
5. Complete and submit an Application for Technician Exam along with a photocopy of the Technician Training certificate. Apprentice must successfully complete an examination of competency in each category desired to receive a technician license.
6. Examination must be passed prior to the expiration date of the apprentice card. May re-test as many times as needed during 12-month period. Apprentices who fail to become licensed as a technician **within the 12-month period** must re-register as an apprentice and repeat steps 1 thru 3 listed above prior to re-testing. The Apprentice Registration cannot be extended. Please schedule tests at least a month prior to the expiration of the apprentice registration to avoid having to re-register.
7. A technician license will be issued when the exam is passed. The expiration date of the technician license will be based upon the expiration date of the business or noncommercial certified applicator.
8. The technician or apprentice must reside within the normally accepted commuting area of the licensed business office or work location.
9. **WDI inspections/reports cannot be performed by an apprentice.** An apprentice may accompany a licensed Technician or Certified Applicator (licensed in termite) performing WDI inspections/reports as a training exercise.

**Licensed Technician**

1. May provide pest control services under direct supervision and must receive on-site instruction at least three (3) days per week from a certified applicator.
2. A technician who has been employed in the pest control industry, under the supervision of a licensed certified applicator, for a total of twelve (12) months within the past twenty-four (24) months and has held a technician license for at least six (6) months within the past twenty-four (24) months may apply to sit for the certified applicator level exams.