



COMMISSIONER SID MILLER

Texas Department of Agriculture
Handling and Marketing of Perishable Commodities
Schedule A

RPC-401

¹ VERIFICATION INFORMATION		
SECTION A	Full Legal Business Name	D.B.A. (if applicable) z
	Facility Name	Comptroller ID (in-state)
	Social Security No. (for sole proprietors only) - -	Federal Taxpayer ID (out-of-state)

¹ BOARD OF DIRECTORS OR PARTNERS				
SECTION B	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> _____			
	Address			
	City	State	Zip	Title
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> _____			
	Address			
	City	State	Zip	Title
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> _____			
Address				
City	State	Zip	Title	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name	
<input type="checkbox"/> Ms. <input type="checkbox"/> _____				
Address				
City	State	Zip	Title	

Legal Business Name _____

¹ OFFICERS				
SECTION C	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	Title
SECTION C	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	Title
SECTION C	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	Title
SECTION C	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	Title

¹ STOCKHOLDERS OF MORE THAN 25%				
SECTION D	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	
SECTION D	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	

Initial Here _____

Date ____ / ____ / ____