



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 |
| | <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 |
| | <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 |
| | <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 | |
| | <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 ____ / ____ / ____