



COMMISSIONER SID MILLER

**Texas Department of Agriculture**  
*Handling and Marketing of Perishable Commodities*  
**Change of Principals and Agents**

**RPC-403**

|                  |  |                 |
|------------------|--|-----------------|
| <b>SECTION A</b> | <b><sup>1</sup> VERIFICATION INFORMATION</b> |                 |
|                  | Full Legal Business Name                     |                 |
|                  | TDA Client No.                               | TDA License No. |

|   |   |            |           |           |
|---|---|------------|-----------|-----------|
| <b>SECTION B</b>  | <b><sup>1</sup> PRINCIPALS</b>  |            |           |           |
|   | Action to take <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Address Change                             |            |           |           |
|   | For Principal type <input type="checkbox"/> Director or Partner <input type="checkbox"/> Officer <input type="checkbox"/> Stockholder with >25% |            |           |           |
|   | <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     |
|   | Action to take <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Address Change                             |            |           |           |
|   | For Principal type <input type="checkbox"/> Director or Partner <input type="checkbox"/> Officer <input type="checkbox"/> Stockholder with >25% |            |           |           |
|   | <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     |           |
| Action to take <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Address Change                             |   |            |           |           |
| For Principal type <input type="checkbox"/> Director or Partner <input type="checkbox"/> Officer <input type="checkbox"/> Stockholder with >25% |   |            |           |           |
| <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     |           |

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.)

Legal Business Name \_\_\_\_\_

|                            |   |            |       |           |
|----------------------------|---|------------|-------|-----------|
| <b><sup>1</sup> AGENTS</b> |   |            |       |           |
| SECTION C                  | Action to take <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Address Change       |            |       |           |
|                            | For Agent type <input type="checkbox"/> Transporting Agent <input type="checkbox"/> Buying Agent                          |            |       |           |
|                            | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.<br><input type="checkbox"/> Ms. <input type="checkbox"/> _____ | First Name | M. I. | Last Name |
|                            | Address   |            |       |           |
|                            | City  | State      | Zip   | Title     |
|                            | Action to take <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Address Change       |            |       |           |
|                            | For Agent type <input type="checkbox"/> Transporting Agent <input type="checkbox"/> Buying Agent                          |            |       |           |
|                            | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.<br><input type="checkbox"/> Ms. <input type="checkbox"/> _____ | First Name | M. I. | Last Name |
|                            | Address   |            |       |           |
|                            | City  | State      | Zip   | Title     |

|  |   |                     |
|--|---|---------------------|
| <b><sup>1</sup> PAYMENT</b>  |   |                     |
| Please see instructions for applicable fees.   |   |                     |
| <b>REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.</b>  |   |                     |
| Method of Payment (payable to Texas Department of Agriculture)   |   |                     |
| <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____ |   |                     |
| Amount remitted<br>\$  | Mail to: Texas Department of Agriculture<br>P.O. Box 12076, Austin, TX 78711-2076 |                     |
| <b>TDA USE ONLY</b>  | Receipt No.   | Date Receipt Issued |

|  |  |
|--|--|
| <b><sup>1</sup> SIGNATURE</b>  |  |
| By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct to the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties. |  |
| Applicant Name   | Title                                    |
| Applicant Signature  | Date      /      /<br>month   day   year |

Legal Business Name \_\_\_\_\_

|                  |   |
|------------------|---|
| <b>SECTION F</b> | <b><sup>1</sup> CHECKLIST</b>   |
|                  | Please use this checklist to ensure you are sending all of the necessary information and documents.<br><input type="checkbox"/> Handling and Marketing of Perishable Commodities Change of Principals and Agents<br><input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee), if applicable. |
|                  | <b>Please note that an incomplete application may result in processing delays.</b>  |