

**INSTRUCTIONS FOR
PRODUCE RECOVERY CLAIM QUESTIONNAIRE/INVESTIGATION REPORT
FORM NO. RPC-404**

SECTION A

1. BUSINESS INFORMATION

Please indicate in the appropriate fields the full legal business name of *your business* (owner's name if sole proprietor – no aliases), Comptroller Taxpayer ID Number, or *your* Social Security Number, if sole proprietor only.

2. BUSINESS MAILING ADDRESS

Indicate in the appropriate fields the business' first and, if applicable, second mailing address, city, state, zip and county.

3. RESPONSIBLE PERSON INSTRUCTIONS

Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:

- For a corporation, limited liability company, or cooperative – the president or CEO
- For a limited or general partnership – the managing partner or general manager
- For a sole proprietorship – the owner's full legal name
- For any other type of business – the general manager

4. RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER

Indicate name and title of person responsible for the business. Enter contact information. The Responsible Person will receive, through regular mail, a login ID and a password. The Responsible Person will then be able to conduct business related to their license(s) online, including viewing their licenses, making changes to their company information, and renewing licenses.

The Responsible Person will receive correspondence from TDA, including licenses and other documents, **ONLY** if a separate Person to Contact becomes unavailable. Otherwise, the Responsible Person will not receive any correspondence or documentation from TDA.

NOTE: The Person to Contact, named by the business in Section C of this form, is the preferred signatory of this application. That person may be the Responsible Person.

5. RESPONSIBLE PERSON MAILING ADDRESS

The Texas Department of Agriculture (TDA) website login ID and password will be mailed to the responsible person at this address.

6. LICENSE STATUS

Indicate in the appropriate box if you are licensed under the Produce Recovery Fund. If yes, state the TDA License Number.

SECTION B

1. AGREEMENT INFORMATION

Indicate in the appropriate box if you had an oral or written agreement. If there was a written agreement, please attach copy.

- Indicate in the appropriate box the term of the agreement: 30 days, 45 days, 90 days, or Other, and explain the terms of the agreement.
- Please state the name of the parties to the agreement/contract. If any third party(s) involved, provide the name(s) and address.
- Provide the date the agreement was signed and the location.
- Indicate in the appropriate fields the Type of produce (i.e. watermelons, cucumbers, or a variety of perishable commodities), Where the produce was grown, state the county and state, the Price or Value of the produce, the Quantity (how much, i.e. bushels, and how many, i.e. truckloads), and the Quality (grade, etc.).
- Inspection performed? If yes, attach a copy of the report and/or explain the results of the inspection.
- Indicate in the appropriate fields the Place of delivery (provide the location where the produce was delivered), and the Method of Delivery (i.e. open trailers, closed trucks).

2. AGREEMENT COMPLIANCE

- Did you comply with the agreement? Explain what **you** did to comply with the agreement, or what **you** failed to do.
- What did the other party do or fail to do? Explain what the **other party** did to comply with the agreement, or what the **other party** failed to do.

3. PAYMENT INFORMATION

- Indicate in the appropriate fields: What payments have been made to date under the agreement? Specify the date payment was made, and the amount of payment(s). Balance Owed, provide the amount still owed on the claim.
 - If you are the complainant, specify how you determined the amount still owed.
 - When was payment to be made? Indicate the agreement date the first payment was to be made.
 - Has demand for payment been made? If yes: was the demand made orally or in writing. If in writing, attach copy letter or notice. Date of Demand - Specify the month, day and year.
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SECTION C

1. ADDITIONAL INFORMATION

- Other than that stated above, are any other parties and/or transactions involved in this claim (i.e. third party(s)? If yes, explain the transactions, and give the name, city, state, zip of the third party involved.
 - List additional facts important to this claim (attach additional sheets, if necessary). Also, if there are pictures involving your claim, please provide them.
 - Has any action been filed with the Perishable Agricultural Commodity Act (PACA) on this claim? If yes, explain what the status of that claim is?
 - Has Respondent filed for bankruptcy? If yes, has Proof of Claim been filed with the Bankruptcy Court? Please indicate in the appropriate boxes. (If Proof of Claim has not yet been filed with the Bankruptcy Court, **Complainant** should file as soon as possible).
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SECTION D

1. SIGNATURE

After reading the summary, print and sign your name, and date the form. Your signature here indicates that you have read the summary and that you are aware of your responsibilities regarding the issuance of the requested license.

SECTION E

Please note that an incomplete application may result in processing delays.

1. CHECKLIST

Check all boxes to verify you have completed the application process and attached/enclosed the necessary items (e.g., payment, reports, schedules, labels, etc).