



COMMISSIONER SID MILLER

Texas Department of Agriculture
Produce Recovery Claim
Questionnaire/Investigation Report

RPC-404

SECTION A	¹ BUSINESS INFORMATION				TDA USE ONLY	
	Full legal business name (owner's name if sole proprietor – no aliases)				Claim No.	
	Comptroller Taxpayer ID No.		Social Security No. (sole proprietors only)			
	² BUSINESS MAILING ADDRESS					
	Address					
	City		State	Zip	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:					
	<ul style="list-style-type: none"> ♦ 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, ♦ For any other type of business, the general manager. 					
	⁴ RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER					
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. First Name		M. I.		Last Name		
<input type="checkbox"/> Ms. <input type="checkbox"/> _____						
Phone No.			E-mail			
() - Ext.						
⁵ RESPONSIBLE PERSON MAILING ADDRESS						
Address						
City		State	Zip	County		
⁶ LICENSE STATUS						
Is party licensed under the Produce Recover Fund?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, TDA License No. (if applicable) _____						

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 _____

SECTION B	¹ AGREEMENT INFORMATION		
	Agreement Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written (attach copy)		
	Explain the terms of the agreement: <input type="checkbox"/> 30 days <input type="checkbox"/> 45 days <input type="checkbox"/> 90 days <input type="checkbox"/> Other _____ _____ _____		
	Who were the parties to the agreement/contract? _____ _____		
	Date and Location of agreement: _____		
	Type of produce	Where produce was grown (county and state)	Price or Value
	Quantity (how much, how many)		Quality (grade, etc.)
	Inspection performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy of the report and/or explain results. _____ _____ _____		
	Place of delivery	Method of Delivery	
	² AGREEMENT COMPLIANCE		
Did you comply with the agreement? State what you did or failed to do. _____ _____ _____			
What did the other party do or fail to do? _____ _____ _____			

Legal Business Name _____

SECTION B (CONT)	³ PAYMENT INFORMATION	
	What payments have been made to date under the agreement? (Specify the date and amount of payment)	Balance Owed?
	If complainant, specify how the amount due was determined. _____ _____ _____	
	When was payment to be made?	
	Has demand for payment been made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Orally <input type="checkbox"/> In writing (Attach copy)	Date of Demand / / month day year

SECTION C	¹ ADDITIONAL INFORMATION
	Other than that stated above, are any other parties and/or transactions involved in this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. _____ _____
	List additional facts important to this claim. (Attach additional sheets, if necessary) _____ _____ _____ _____ _____ _____
	Has any action been filed with the Perishable Agricultural Commodity Act (PACA) on this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the status of that claim? _____ _____ _____
	Has Respondent filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has Proof of Claim been filed with the Bankruptcy Court? <input type="checkbox"/> Yes <input type="checkbox"/> No

Legal Business Name _____

SECTION D	¹ SIGNATURE	
	The undersigned represents that he/she has the authority to represent the <input type="checkbox"/> Complainant <input type="checkbox"/> Respondent And that the foregoing information is true and correct to the best of his/her knowledge.	
	Name	Title
	Signature	Date / / month day year

SECTION E	¹ CHECKLIST
	<p>Please use this checklist to ensure you are sending all of the necessary information and documents.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Produce Recovery Claim Questionnaire/Investigation Report. <input type="checkbox"/> Written agreement/contract, if applicable. <input type="checkbox"/> Copy of Inspection Report, if applicable. <input type="checkbox"/> Documents to support the claim or defense (invoices, weigh slips, correspondence/letters, etc.)