



P.O. Box 12076 Austin, Texas 78711 ♦ (800) 835-5832 ♦ (512) 463-7476 ♦
 Hearing impaired: (800) 735-2988 voice ♦ (800) 735-2989 (TTY)
 www.TexasAgriculture.gov

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

RPC-402

COMMISSIONER SID MILLER

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

SECTION B		¹ AGENT NAMES			
SECTION B	<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"/> Transporting Agent Card \$30 <input type="checkbox"/> Buying Agent Card \$30	
	<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"/> Transporting Agent Card \$30 <input type="checkbox"/> Buying Agent Card \$30		
<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"/> Transporting Agent Card \$30 <input type="checkbox"/> Buying Agent Card \$30		
<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"/> Transporting Agent Card \$30 <input type="checkbox"/> Buying Agent Card \$30		

Initial Here _____

HMPC
 Agriculture and Consumer Protection

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Date ____ / ____ / ____

Revised 1/1/16