**Texas Department of Agriculture**

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**Application for Certified Citrus Nursery Stock Program**

 ***Increase Block, Scion Block, or Foundation Block***

You must complete ALL licensing activity (including testing) within one year of the application date.  An incomplete application shall become void on the one-year anniversary of submission.  A void application will not be processed and any application fee associated with the void application shall not be refunded.

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| SECTION A | 1 TYPE OF APPLICATION AND APPLICATION FEE |
|  | **Fee Due** |
| [ ]  **Certified Citrus Nursery**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sq. ft.**Fee: For 25,000 sq. ft. or less, the fee is $100.00. For each additional 25,000 sq. ft., add $50.00** | $      |
| [ ]  **Increase / Scion Block**: (circle one): Currently approved insect exclusionary area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sq. ft. Area being added to insect exclusionary area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sq. ft. **TOTAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sq. ft.Fee: * [ ]  The Increase / Scion Block is to be in an insect exclusionary structure that is already certified by the department. **No application fee**.
* [ ]  The Increase / Scion Block is to be in a new or currently uncertified insect exclusionary structure:
	+ [ ]  The new structure either does not increase the total number of square feet of insect exclusionary area or increases the insect exclusionary area ***by less than*** 25,000 square feet. **There is** **no application fee**.
	+ [ ]  The new structure increases the insect exclusionary area by 25,000 square feet or more. **The** **application fee is $100.00 for the initial 25,000 square feet, plus $50.00 for each additional 25,000 square feet of exclusionary area.**
 | $      |
| [ ]  **Foundation Block**:**Fee: The application fee is $500.00, nonrefundable.**  | $      |
|  | **TOTAL APPLICATION FEE DUE** | **$** |

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| SECTION B | 1 type of application |
| Do you currently have a Nursery/Floral License certificate?  [ ]  Yes (If Yes, write the certificate number in the blank, then skip to next section) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  No Do you plan to sell or distribute budwood or citrus nursery stock at this certified citrus nursery?  [ ]  Yes (If Yes, you must complete a Nursery/Floral Certificate application)  [ ]  No  |

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| SECTION c | 1 TYPE OF ENTITY | TDA USE ONLY |
| [ ]  Corporation [ ]  Limited Liability Co.[ ]  Limited Partnership[ ]  General Partnership | [ ]  Sole Proprietorship[ ]  Government[ ]  Nonprofit or Other Type of Organization (Specify type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | Client No.       | Account No.      |
|
| Date (mm/dd/yy) | Initials |

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

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| section d | 1 CLIENT INFORMATION |
| Full legal name of entity (owner’s name if sole proprietor – no aliases)      |
| D.B.A. (if applicable)      |
| Comptroller Taxpayer ID No.(State Reason if Not Applicable)      | Federal Tax ID / Employee Identification Number (State Reason if Not Applicable)      |
| Sole Proprietorship only |
| [ ]  Social Security No. (SSN – Required) **-       -** | [ ]  If you do not have an SSN you must a attach form [Affidavit for Occupational License - No Social Security Number (OGC-001)](http://www.agr.state.tx.us/about/forms/Affidavits/affidavit_for_no_SS_number.doc) available at <http://www.TexasAgriculture.gov>. |
| [ ]  Driver License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if SSN is not available)[ ]  State Issued ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if DL is not available) | [ ]  TX[ ]  Other \_\_\_\_\_\_\_\_\_ |

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| SECTION e | 1 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 manager, general manager, 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 entity, the manager, general manager, president, CEO or equivalent.
 |
| 2 RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER |
| First Name      | M. I.      | Last Name      |
| Phone No.(       )       -       Ext.       | E-mail      |
| 3 RESPONSIBLE PERSON (IDENTIFIED IN NO. Section E.2 ABOVE) MAILING ADDRESS |
| Address       |
| City      | State      | Zip      |
| Internet or Web Address      (If your entity does not have an internet or web address, state “N/A,” for “not applicable.” ) |

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

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| SECTION f | 1 CONTACT FOR LICENSE-RELATED MATTERS [ ]  SAME AS RESPONSIBLE OFFICER (IF CONTACT FOR LICENSE-RELATED MATTERS IS THE SAME AS THE RESPONSIBLE OFFICER, MARK “SAME AS THE RESPONSIBLE OFFICER” AND LEAVE SECTION F BLANK.) |
| First Name      | M. I.       | Last Name      |
|  Primary Phone(     )       -       Ext.       | Secondary Phone (optional)(     )       -       Ext.       |
| Fax (optional)(     )       -       Ext.       |  |
| E-mail (optional)      | Would you prefer to be contacted by E-mail?[ ]  Yes [ ]  No |
| 2 MAILING ADDRESS [ ]  SAME AS CLIENT MAILING ADDRESS (if mailing address is the same as client mailing address, mark “same as client mailing address” and leave section f.2 blank.) |
| Address (No P.O. Box)      |
| City      |

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| SECTION g | 1 FACILITY INFORMATION |
| Facility Name      |
| 2 PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES or EQUIPMENT |
| Address (No P.O. Box)      |
| City      | State      | Zip      | County      |
| Directions to Physical Location if address above is difficult to find      |

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| SECTION h | 1 Out-of-State APPLICANTS Only  |
| An applicant for a Nursery-Floral license whose principal place of business is situated outside the State of Texas must appoint and designate a resident of the State of Texas or qualified organization as said applicant’s resident agent within Texas. See Section 5.201 of the Texas Business and Commerce Code for the legal requirements to designate and maintain a registered office and agent in the State of Texas, and for the qualifications of an individual or organization to be a registered agent in Texas. |
| Resident Agent Name       |
| Resident Agent Address      |
| City      | Zip      | Business Phone(     )       -       | Fax(     )       -       |

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

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| SECTION i | 1 Payment |
| Please see instructions for applicable fees. |
| Certification Should Become Effective       /       /       Month Day Year**CERTIFICATION** IS NOT VALID UNTIL APPROVED BY TDA. |
| Method of Payment (payable to Texas Department of Agriculture) [ ]  Check #       [ ]  Cashier’s Check #       [ ]  Money Order #       |
| Amount remitted $       | Mail payment plus completed invoice (Form RCN-602) to: Texas Department of Agriculture**,** P.O. Box 12847, Austin, TX 78711-2076 |
| **TDA USE ONLY** | Receipt No. | Date Receipt Issued |

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| SECTION j | 1 SIGNATURE |
| The applicant, by and through their signature or the signature of their agent's signature below (1) certifies that all information provided in connection with this application is true and correct; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant. |
| Applicant Name      | Title      |
| Applicant Signature | Date (mm/dd/yyyy)      |

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| SECTION j |
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| Applicant Name      | Title      |
| Applicant Signature | Date (mm/dd/yyyy)      |

SECTION k | 1 CHECKLIST |
| Please use this checklist to ensure you are sending all of the necessary information and documents:[ ]  Form RCN-600 Application for Certified Citrus Nursery Stock Program, Increase Block, Scion Block or Foundation Block[ ]  Form RCN-602 Certification Fee Invoice[ ]  Fee payment |
| Please note that an incomplete application may result in processing delays. |

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.)