



P.O. Box 629, Giddings, Texas 78942 ♦ (979) 542-3691
 Hearing impaired: (800) 735-2988 voice, (800) 735-2989 (TTY)
 www.TexasAgriculture.gov

COMMISSIONER SID MILLER

Texas Department of Agriculture
State Certified Seed Grower Application

RSC-1202

SECTION A	1 BUSINESS TYPE		TDA USE ONLY	
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	Remittance No.	
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> General Partnership		
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Cooperative	Batch No.	
	<input type="checkbox"/> Other (specify) _____			
2 APPLICANT INFORMATION				
Full legal name of business as registered with the Texas Secretary of State (owner's name if sole proprietor – no aliases)				
D.B.A. (if applicable)				
SECTION B	1 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. 			
	2 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. () - Ext.		E-mail		
3 RESPONSIBLE PERSON MAILING ADDRESS				
Address				
City		State	Zip	County

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 C	1 PERSON TO CONTACT FOR LICENSE-RELATED MATTERS			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> ____			
	Title		Primary Phone () - Ext.	
	Secondary Phone (optional) () - Ext.		Fax (optional) () - Ext.	
	E-mail Address			
<p>***Important Note*** I understand that my e-mail address is required by the Texas Department of Agriculture to keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. Failure to provide an email address may result in my not receiving time-sensitive information that could affect my compliance with state regulations, thereby, resulting in monetary penalties.</p>				
2 MAILING ADDRESS				
Address				
City		State	Zip	County

SECTION D	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
Provide 911 address and directions to physical location of facility. If a 911 address is not available, provide 911 address to the closest facility, home or business, in addition to directions to physical location of the facility.				

SECTION E	1 VARIETY INFORMATION	
	Are you currently operating a seed business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is it the same as the above listed facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please provide the name of the company if different from your individual name.	
2 FACILITY INFORMATION		
Facility Name		

Legal Business Name _____

SECTION F	¹ SEED GROWER LICENSE FEE
	All applicants for a seed grower license shall pay a fee of \$250 at the time of application.

SECTION G	¹ SIGNATURE	
	I certify that the information entered in or in connection with this application is true and correct and is subject to verification by TDA. I understand that any misrepresentation or false statement made by me in or in connection with this application, whether intentional or not, may constitute grounds for revocation of my license, denial of renewal of my license, and/or other penalties. I additionally certify that I will maintain proof of financial responsibility and any other required documentation necessary to obtain or retain the license for which I am applying and, if applying as an individual, that I am not delinquent in the payment of child support or a guaranteed student loan. I understand that this application for a license may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in the payment of child support or a guaranteed student loan.	
	Applicant Name (print)	Title
	Applicant Signature	Date / / month day year

This application along with \$250 fee payable to the Texas Department of Agriculture and any questions concerning Certified Seed Grower should be directed to Texas Department of Agriculture, Agriculture Commodity Programs, P. O. Box 629, Giddings, Texas 78942 or by contacting (979) 542-3691.