



Texas Department of Agriculture
Speaker Qualification Form

SPC-409

COMMISSIONER SID MILLER

SECTION A	¹ SPONSOR INFORMATION		
	Course Provider Name	<input type="checkbox"/> Government <input type="checkbox"/> Business	<input type="checkbox"/> Organization <input type="checkbox"/> University/County Extension
	Speaker Name	Company Name (if applicable)	
	² CONTACT PERSON		
	First Name	M.I.	Last Name
	³ MAILING ADDRESS		
	Address		
	City	State	Zip
	⁴ CONTACT INFORMATION		
	Primary Phone	Secondary Phone (optional)	
Email	Would you prefer to be contacted by e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Okay to post your e-mail address on TDA website? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B	¹ METHOD OF QUALIFICATION *ONLY ONE REQUIRED*	
	Licensed as a Certified Applicator with the TDA for five (5) years or more in the category being taught. Certified Applicator license number here: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	A degree from a recognized institution of higher learning which pertains to course being taught. Please list the degree(s) major received: _____ Attach proof of diploma for verification (either photo or scan).	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Verifiable proof of training or teaching experience within the preceding three (3) years. Attach agenda or brochure from training/teaching event for verification.	<input type="checkbox"/> Yes <input type="checkbox"/> No