



**Texas Department of Agriculture**  
**Speaker Qualification Form**

**SPC-409**

COMMISSIONER SID MILLER

<b>SECTION A</b>	<b><sup>1</sup> SPONSOR INFORMATION</b>			
	Course Provider Name		<input type="checkbox"/> Agency	<input type="checkbox"/> University
			<input type="checkbox"/> Business	<input type="checkbox"/> Association
	Speaker Name		Employer Name (if applicable)	
	<b><sup>2</sup> CONTACT PERSON</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	<b><sup>3</sup> MAILING ADDRESS</b>			
	Address			
City			State	
			Zip	
<b><sup>4</sup> CONTACT INFORMATION</b>				
Primary Phone (    )    -		Secondary Phone (optional) (    )    -	Fax (optional) (    )    -	
E-mail	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	

<b>SECTION B</b>	<b><sup>1</sup> METHOD OF QUALIFICATION *ONLY ONE REQUIRED*</b>	
	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. Attach proof of diploma for verification. Please list the degree(s) received: _____	<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