



Texas Department of Agriculture
Application for Certified Citrus Nursery Stock Program
Increase Block, Scion Block, or Foundation Block

RCN-600

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.

¹ TYPE OF APPLICATION AND APPLICATION FEE		Fee Due
SECTION A	<input type="checkbox"/> Certified Citrus Nursery: <u>0</u> 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	\$ _____
	<input type="checkbox"/> 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: <ul style="list-style-type: none"> <input type="checkbox"/> The Increase / Scion Block is to be in an insect exclusionary structure that is already certified by the department. No application fee. <input type="checkbox"/> The Increase / Scion Block is to be in a new or currently uncertified insect exclusionary structure: <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> 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. 	\$ _____
	<input type="checkbox"/> Foundation Block: Fee: The application fee is \$500.00, nonrefundable.	\$ _____
TOTAL APPLICATION FEE DUE		\$ _____

¹ TYPE OF APPLICATION	
SECTION B	Do you currently have a Nursery/Floral License certificate? <input type="checkbox"/> Yes (If Yes, write the certificate number in the blank, then skip to next section) _____ <input type="checkbox"/> No Do you plan to sell or distribute budwood or citrus nursery stock at this certified citrus nursery? <input type="checkbox"/> Yes (If Yes, you must complete a Nursery/Floral Certificate application) <input type="checkbox"/> No

¹ TYPE OF ENTITY		TDA USE ONLY					
SECTION C	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Government <input type="checkbox"/> Nonprofit or Other Type of Organization (Specify type _____)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Client No. _____</td> <td style="width: 50%; padding: 5px;">Account No. _____</td> </tr> <tr> <td style="padding: 5px;">Date (mm/dd/yy)</td> <td style="padding: 5px;">Initials</td> </tr> </table>	Client No. _____	Account No. _____	Date (mm/dd/yy)	Initials
Client No. _____	Account No. _____						
Date (mm/dd/yy)	Initials						

Legal Business Name: _____

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		
	<input type="checkbox"/> Social Security No. (SSN – Required) - -		<input type="checkbox"/> If you do not have an SSN you must attach form Affidavit for Occupational License - No Social Security Number (OGC-001) available at http://www.TexasAgriculture.gov .
<input type="checkbox"/> Driver License No. _____ (if SSN is not available)		<input type="checkbox"/> TX <input type="checkbox"/> Other _____	
<input type="checkbox"/> State Issued ID No. _____ (if DL is not available)			

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:		
	<ul style="list-style-type: none"> ♦ 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: _____

SECTION F	¹ CONTACT FOR LICENSE-RELATED MATTERS <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
² MAILING ADDRESS <input type="checkbox"/> 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			

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				

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: _____

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) <input type="checkbox"/> Check # ____ <input type="checkbox"/> Cashier's Check # ____ <input type="checkbox"/> Money Order # ____	
	Amount remitted \$	Mail payment plus completed invoice (Form RCN-602) to: Texas Department of Agriculture, P.O. Box 12847, Austin, TX
TDA USE ONLY	Receipt No.	Date Receipt Issued

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)

SECTION K	¹ CHECKLIST
	Please use this checklist to ensure you are sending all of the necessary information and documents:
	<input type="checkbox"/> Form RCN-600 Application for Certified Citrus Nursery Stock Program, Increase Block, Scion Block or Foundation Block <input type="checkbox"/> Form RCN-602 Certification Fee Invoice <input type="checkbox"/> 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.)