



COMMISSIONER SID MILLER

**Texas Department of Agriculture**  
**Supplier Application - Motor Fuel Testing Fee**

**RFQ-800**

<b>SECTION A</b>	<b><sup>1</sup> TYPE OF APPLICATION</b>				
	<input type="checkbox"/> New Business		<input type="checkbox"/> Change of Ownership – previous account number: _____		
	<b><sup>2</sup> BUSINESS TYPE</b>			<b>TDA USE ONLY</b>	
	<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"/> Organization	Client No. _____ Account No. _____	
				Date (mm/dd/yy) / /	Initials _____
	<b><sup>3</sup> CLIENT INFORMATION</b>				
Full legal business name (owner’s name if sole proprietor – no aliases)					
D.B.A. (if applicable)					
Comptroller Taxpayer ID No.(In-state businesses)		Federal ID No.(Out-of-state businesses and nonprofit org. )			

<b>SECTION B</b>	<b><sup>1</sup> RESPONSIBLE PERSON INSTRUCTIONS</b>		
	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"> <li>♦ For a corporation, limited liability company, or cooperative, the president or CEO,</li> <li>♦ For a limited or general partnership, the managing partner or general manager,</li> <li>♦ For a sole proprietorship, the owner,</li> <li>♦ For any other type of business, the general manager.</li> </ul>		
	<b><sup>2</sup> RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER</b>		
	First Name	M. I.	Last Name
	Phone No. ( ) - Ext.	E-mail	
<b><sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS</b>			
Address			
City	State	Zip	
Web Address of Business (optional)			

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.)

<b>SECTION C</b>	<b>1 PERSON TO CONTACT FOR REGISTRATION -RELATED MATTERS</b>			
	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	
	<b>2 MAILING ADDRESS</b>			
Address				
City		State	Zip	

<b>SECTION D</b>	<b>1 FACILITY INFORMATION</b>			
	Facility Name			
	<b>2 PHYSICAL ADDRESS OF LOCATION</b>			
	Address (No P.O. Box)			
	City	State	Zip	County
Directions to Physical Location if address above is difficult to find				

<b>SECTION E</b>	<b>1 OUT-OF-STATE APPLICANTS ONLY</b>		
	An applicant for a Supplier - Motor Fuel Testing Fee registration whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas. If address provided in Section B is out of state resident agent information is <b>REQUIRED</b> .		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	Resident Agent Name		
	Resident Agent Address		
City	Zip	Business Phone ( ) -	

<b>SEC. F</b>	<b>1 SUPPLIER - MOTOR FUEL TESTING FEE</b>
	Motor Fuel Testing Fee - \$1,500

<b>SECTION G</b>	<b><sup>1</sup> PAYMENT</b>	
	<b>REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.</b>	
	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 to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076
<b>TDA USE ONLY</b>	Receipt No. _____	Date Receipt Issued _____

<b>SECTION H</b>	<b><sup>1</sup> SIGNATURE</b>	
	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (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     /     / month day year

<b>SECTION I</b>	<b><sup>1</sup> CHECKLIST</b>	
	Please use this checklist to ensure you are sending all of the necessary information and documents.	
	<input type="checkbox"/> Supplier Application - Motor Fuel Testing Fee <input type="checkbox"/> Fee	
<b>Please note that an incomplete application may result in processing delays.</b>		