



COMMISSIONER SID MILLER

Texas Department of Agriculture
Regulatory Change Template A
(Grain Warehouse,
HMPC, Licensed Service Company)

R-001

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| SECTION A | ¹ VERIFICATION INFORMATION | |
| | Full Legal Business Name | |
| | TDA Client No. | TDA License No. |

Please provide **only** the information below that has changed.

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| SECTION B | ¹ APPLICANT INFORMATION | |
| | Full Legal Business Name (owner's name if sole proprietor – no aliases) | |
| | DBA (if applicable) | |

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| SECTION C | 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, CEO, or equivalent • For a limited or general partnership, the managing partner or general manager • For any other type of business, the general manager or equivalent | | |
| | You may change only the CEO, President, Managing Partner, General Partner, or equivalent information. If there is a change in ownership, you must apply for a new license. | | |
| | ² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER | | |
| | First Name | M. I. | Last Name |
| | Phone No. () - Ext. | E-mail | |
| | ³ RESPONSIBLE PERSON MAILING ADDRESS | | |
| Address | | | |
| City | State | Zip | |

This application 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 522.021, 522.023, and 559.004.)

Please provide **only** the information below that has changed.

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| SECTION D | ¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS | | | |
| | First Name | | M. I. | Last Name |
| | Primary Phone () - Ext. | | | |
| | Secondary Phone (optional) () - Ext. | | Fax (optional) () - Ext. | |
| | E-mail Address | | | |
| | <p>***Important Note*** I understand that if I provide my email address the Texas Department of Agriculture may, from time to time, send electronic communications to me that will keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. If I fail to provide an email address I understand that I may not receive time-sensitive or important communications that could affect my license or compliance with state regulations, and risk the imposition of monetary penalties.</p> | | | |
| | ² MAILING ADDRESS | | | |
| Address | | | | |
| City | | State | Zip | |

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| SECTION E | ¹ FACILITY INFORMATION | | | |
| | Facility Name | | | |
| | ² PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT | | | |
| | Address (No P.O. Box) | | | |
| | City | | State | Zip |
| Directions to Physical Location if address above is difficult to find | | | | |

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| SECTION F | ¹ NEW RESIDENT AGENT - OUT-OF-STATE APPLICANTS ONLY | | | |
| | Enter the new Resident Agent's contact information | | | |
| | New Resident Agent Name | | | |
| | New Resident Agent Address | | | |
| | City | | Zip | Business Phone () - Ext. |

Please provide **only** the information below that has changed.

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| SECTION G | ¹ SIGNATURE | |
| | By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct to the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties. | |
| | Applicant Name (print) | Title |
| | Applicant Signature | Date (mm/dd/yyyy) / / |