



Texas Department of Agriculture
Citrus Nursery Stock Certification Program Application

COMMISSIONER SID MILLER

RCN-600

| ¹ REGISTRATION INFORMATION: FEE BASED ON THE SIZE OF SCREENED GROWING AREA | | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| SECTION A | Size of insect exclusionary growing area: <input type="checkbox"/> Facility with an insect exclusionary growing area of 25,000 sq. ft. or less. Fee \$100.00 Growing area: _____ sq. ft. | Total Fee Due \$ _____ |
| | <input type="checkbox"/> Facility with an insect exclusionary growing area larger than 25,000 sq. ft. Fee for 25,001-50,000 sq. ft.: \$150.00. For each additional 25,000 sq. ft., add \$50.00. Growing area: _____ sq. ft. | \$ _____ |
| | <input type="checkbox"/> Change in size of a currently certified facility: Facility with an insect exclusionary growing area larger than 25,000 sq. ft. Fee for 25,001-50,000 sq. ft.: \$150.00. For each additional 25,000 sq. ft., add \$50.00. Growing area: _____ sq. ft. | \$ _____ |
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| ¹ TYPE OF APPLICATION | | | | |
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| SECTION B | <input type="checkbox"/> New Business <input type="checkbox"/> Current TDA Nursery/Floral License certificate number (if applicable): _____ <input type="checkbox"/> Change of Ownership – previous account/certificate number: _____ | | | |
| | ² BUSINESS TYPE | | TDA USE ONLY | |
| | <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 |

| ³ CLIENT INFORMATION | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 organization) |
| 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 . |

Legal Business Name _____

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| <input type="checkbox"/> Driver License No. _____ (if SSN is not available) <input type="checkbox"/> State Issued ID No. _____ (if DL is not available) | <input type="checkbox"/> TX <input type="checkbox"/> Other _____ |
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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 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 business, the general manager. | | |
| | 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 | |
| Web Address of Business (optional) | | | |

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| SECTION D | ¹ CONTACT FOR LICENSE-RELATED MATTERS | | <input type="checkbox"/> SAME AS RESPONSIBLE OFFICER |
| | 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 | |

Legal Business Name _____

| | | | |
|---------|-------|-----|--|
| 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 | County |
| Directions to Physical Location if address above is difficult to find | | | | |

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| SECTION F | 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 citizen of Texas as said applicant's resident agent within Texas. If the address provided in Section C is out of state resident agent information is REQUIRED. | | |
| | 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 () - | |

Legal Business Name _____

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| SECTION G | 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 12076, Austin, TX 78711-2076 |
| | TDA USE ONLY | Receipt No. _____ Date Receipt Issued _____ |

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| SECTION H | ¹ SIGNATURE | |
| | 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 (mm/dd/yy) |

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| SECTION I | ¹ CHECKLIST |
| | Please use this checklist to ensure you are sending all of the necessary information and documents. <input type="checkbox"/> Citrus Nursery Stock Certification Program Application <input type="checkbox"/> Fee (see instructions for correct fee.) |
| | 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.)