



Texas Department of Agriculture
Handling and Marketing of Perishable Commodities
Schedule B

RPC-402

TODD STAPLES, COMMISSIONER

¹ VERIFICATION INFORMATION	
SECTION A	Full Legal Business Name D.B.A. (if applicable)
	Facility Name Comptroller ID (in-state)
	Social Security No. (for sole proprietors only) Federal Taxpayer ID (out-of-state)

¹ AGENT NAMES				
SECTION B	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Address			
	City	State	Zip	<input type="checkbox"/> Transporting Agent Card \$15 <input type="checkbox"/> Buying Agent Card \$15
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name
	Address			
City	State	Zip	<input type="checkbox"/> Transporting Agent Card \$15 <input type="checkbox"/> Buying Agent Card \$15	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name	
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<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____	First Name	M. I.	Last Name	
Address				
City	State	Zip	<input type="checkbox"/> Transporting Agent Card \$15 <input type="checkbox"/> Buying Agent Card \$15	

Initial Here _____
 HMPC
 Regulatory Division

Make Additional Copies as Needed

Date ____ / ____ / ____
 Revised 9/01/11