



## PACA License Reinstatement Notice

PACA License Number \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

**INSTRUCTIONS:** Is all the information shown on the front of this form current and complete?  Yes  No If "No", report the changes or additions on the front or in the appropriate space below. If the license is NOT being renewed, explain your reasons under "REMARKS." This form must be signed, returned with total fees, and received within 30 days from the anniversary date shown on the front of this form. Make checks payable to "USDA-PACA." Please include the license number on the check.

<p><b>Return Completed License Reinstatement Notice and appropriate fees by mail to:</b>                  USDA, PACA Division                  P.O Box 790327                  St Louis, MO 63179-0327</p> <p><b>If paying by credit card, submit by fax to (202)260-8575</b></p> <p>Questions, Call 1-800-495-7222 or email PACALicense@ams.usda.gov                  Visit our website at www.ams.usda.gov/paca</p>	<p style="text-align: center;"><b>Credit Card</b></p> <p><b>Type of Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover  <input type="checkbox"/> American Express</p> <p><b>Account Number:</b> _____</p> <p><b>Exp Date:</b> ____/____/____ <b>Amount:</b> _____</p> <p><b>Card Holder's Name:</b> _____</p>
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<p><b>FRUITS AND VEGETABLES HANDLED</b>                  (Item 3 on front) <i>Check One</i></p> <p><input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Both</p>	<p><b>NATURE OF BUSINESS</b>                  (Item 4 on front) <i>Check the one that best represents the predominant nature of your operations</i></p> <p><input type="checkbox"/> Wholesaler <input type="checkbox"/> Commission Merchant <input type="checkbox"/> Broker <input type="checkbox"/> Retailer <input type="checkbox"/> Processor <input type="checkbox"/> Trucker <input type="checkbox"/> Food Service <input type="checkbox"/> Grocery Wholesaler</p>
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<p><b>UNDER "LEGAL STRUCTURE OF BUSINESS"</b> (Item 5 on front) <i>Has changed to: Check One</i></p> <p><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Association <input type="checkbox"/> Trust <input type="checkbox"/> Estate</p>	<p><b>DATE OF CHANGE</b></p>
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**CHANGES IN OWNERSHIP, PARTNERS, OFFICERS, DIRECTORS, MEMBERS and/or MANAGERS OF LLCs AND STOCKHOLDERS** *Please update all information requested*

Changes Add Delete	Date of Change	LEGAL NAME <i>Last, First, Middle Initial</i>	EIN	FULL HOME ADDRESS <i>Street, City, State, Zip Code</i>	Title (Including Director)	% of Stock

<b>Main Business Phone Number</b>	<b>Fax Number</b>	<b>E-Mail Address</b>	<b>Federal Employer Identification Number</b>

Changes Add Delete	Date of Change	Trade Name (dba) or Branch	Branch Locations City and State	Signature and Title of Owner, Partner, Member/Manager (LLC) or Officer completing the PACA License Reinstatement Notice.
				<hr style="border: 1px solid black;"/> <p style="text-align: center;">Signature</p> <hr style="border: 1px solid black;"/> <p style="text-align: center;">Title <span style="float: right;">Date</span></p>

<p><b>REMARKS</b></p>	<p><small><b>Note:</b> The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the Perishable Agricultural Commodities Act, 1930, as amended, (7 U.S.C. 499a- 499t) (499c, 499d). Furnishing the requested information is necessary for the administration of the Perishable Agricultural Commodities Act program. <b>According to the Paperwork Reduction Act of 1995</b>, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0031. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. <b>The U.S. Department of Agriculture (USDA)</b> prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.</small></p>
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