

| Office of the Texas State Chemist | | |
|---|---------------------------|---------------------|
| Manufacturing Facility Update Form | | |
| Guarantor Information | | |
| License Number: | Date: | |
| Licensed Name: | | |
| Printed Name and Title of Person Filling Out This Form: | | |
| Phone Number: | | |
| Email Address: | | |
| All Manufacturing Facilities | | |
| *Lic. No. | Facility Name and Address | **Unique Identifier |
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| Continue on additional sheet if necessary | | |
| * If a facility is not licensed then a Feed License Application will be required. | | |
| ** A method to identify all products produced at this facility must be provided. The most useful information to identify the facility would be a facility's batch code or lot number which identifies where it was produced; however, other methods of identification will be accepted. | | |