



**2019 DECLARATION OF ADDITIONAL OWNERS, PARTNERS, OR OFFICERS**

DFW 317e (10/18)

**PRINT CLEARLY.**

**BUSINESS NAME**

|                 |       |           |  |           |                 |
|-----------------|-------|-----------|--|-----------|-----------------|
| FIRST NAME      | M.I.  | LAST NAME |  | GO ID#    |                 |
| TITLE           |       |           | GENDER<br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NONBINARY |           | DATE OF BIRTH   |
| MAILING ADDRESS |       |           | HAIR COLOR   | EYE COLOR | HEIGHT   WEIGHT |
| CITY            | STATE | ZIP CODE  | E-MAIL ADDRESS (Voluntary)   |           |                 |

|                 |       |           |  |           |                 |
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