



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

DFW 317e (11/19)

**PRINT CLEARLY.**

**BUSINESS NAME**

FIRST NAME		M.I.	LAST NAME		GO ID#
TITLE			GENDER <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)	
FIRST NAME		M.I.	LAST NAME		GO ID#
TITLE			GENDER <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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