



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

DFW 317e (10/20)

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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