



2018 DECLARATION OF ADDITIONAL OWNERS, PARTNERS, OR OFFICERS

DFW 317e (10/17)

PRINT CLEARLY

BUSINESS NAME

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

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CITY	STATE	ZIP CODE	HEIGHT
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