

TEXAS PECAN BOARD _

Pecan Grower/First Handler Report Form



Mail Checks to: Texas Pecan Board PO Box 15889 College Station, TX 77841

Assessments due by

TPB.RepForm. V6.2023.pg1

Pecan Grower Selling Directly to Public (No Handler Involved)

First Handler **Buying Pecans from** Grower

10th day of each month	(Check box)	•	(Check box)
Name (First & Last):			
Company/Farm Name:			
Mailing Address, City, State, & Zip:			
Primary Phone:			
Email:			

First Handler Only

Please list the information of the pecan grower(s) you purchased pecans from for this reporting period. A seperate attached list with the same information is acceptable.

Grower Name:		
Company/Farm		
Name:		
Mailing Address:		
Primary Phone:		
Lbs Purchased:		
Native Improved (Check Box) (Check Box)		

Grower Name:		
Company/Farm		
Name:		
Mailing Address:		
Primary Phone:		
Lbs Purchased:		
Native Improved (Check Box) (Check Box)		

Lbs Sold (Pecan Grower)	Lbs Bought (First Handler)	Assessment Calculation	
Native:	Native:	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	
Improved:	Improved:	(Total Lbs Bought or Sold) X (\$0.005 (1/2 cent assessment)) = (\$ owed to Texas Pecan Board)	
Total:	Total:	Report & Assessment for the month of, 20	

I certify that I am authorized to make this report to the Texas Pecan Board and Texas Department of Agriculture, that it was prepared by me or under my supervision and direction and that the information stated herein is true, correct, and complete to the best of my knowledge.

Print Name	, 0
(First & Last):	Title:
Signature:	Date:

Grower Name:	Grower Name:
Company/Farm	Company/Farm
Name:	Name:
Mailing Address:	Mailing Address:
Primary Phone:	Primary Phone:
Lbs Purchased:	Lbs Purchased:
Native Improved Check Box) (Check Box)	Native Improved (Check Box) (Check Box)
Grower Name:	Grower Name:
Company/Farm Name:	Company/Farm Name:
Mailing Address:	Mailing Address:
Primary Phone:	Primary Phone:
Lbs Purchased:	Lbs Purchased:
Native Improved (Check Box) (Check Box)	Native Improved (Check Box) (Check Box)
Grower Name:	Grower Name:
Company/Farm Name:	Company/Farm Name:
Mailing Address:	Mailing Address:
Primary Phone:	Primary Phone:
Lbs Purchased:	Lbs Purchased:
Native Improved Check Box) (Check Box)	Native Improved (Check Box) (Check Box)
Grower Name:	Grower Name:
Company/Farm Name:	Company/Farm Name:
Mailing Address:	Mailing Address:
Primary Phone:	Primary Phone:
Lbs Purchased:	Lbs Purchased:
Native Improved Check Box)	Native Improved (Check Box) (Check Box)
Grower Name:	Grower Name:
Company/Farm	Company/Farm
Name:	Name:
Mailing Address:	Mailing Address:
Primary Phone:	Primary Phone:
Lbs Purchased:	Lbs Purchased:
Native Improved (Check Box) (Check Box)	Native Improved (Check Box) (Check Box)
Additional Comments:	Grower Name:
	Company/Farm
	Name:
	Mailing Address:
	Primary Phone:
	Lbs Purchased:
	Native Improved

TPB.RepForm. V6.2023.pg2