**TX-UNPS Delivery Location**

**Fill out a separate form for each Delivery Location**

**Contracting Entities** – To ***add*** a new location, please complete Section A, #1-15. To ***remove*** a location, please complete Section A, #1-4. To ***revise*** a location, please complete Section A, #1-4 and applicable information for #5-15 (address change, contact info change, etc.). Certify the form and submit to your Contracted Warehouse for further processing.

**Contracted Warehouses** – Please complete Section B, #1-3. Coordinate with the CE so that both parties agree on the delivery stop/pick up day. Certify the form and submit to Commodity Operations at: [CommodityOperations@TexasAgriculture.gov](mailto:CommodityOperations@TexasAgriculture.gov) and copy the CE’s contact person listed in Section A.

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| **SEC A – Completed By Contracting Entity** | 1. Contracting Entity ID #:   \_\_\_\_\_\_\_\_\_\_ | 1. Contracting Entity Name:   \_\_\_\_\_\_\_\_\_\_ |
| 1. Delivery Location Update:   **Add**  **Remove**  **Revise** | 1. Delivery Location Name:   \_\_\_\_\_\_\_\_\_\_ |
| 1. Street Address:   \_\_\_\_\_\_\_\_\_\_ | 1. City, State:   \_\_\_\_\_\_\_\_\_\_ |
| 1. Zip Code, County:   \_\_\_\_\_\_\_\_\_\_ | 1. Storage Capabilities (check all that apply):   **Dry**  **Refrigerated**  **Frozen** |
| 1. Program (check all that apply):   **NSLP**  **SFSP** | 1. Delivery Preference:   **Delivery**  **Pick Up** |
| 1. Contact Name (First & Last):   \_\_\_\_\_\_\_\_\_\_ | 1. E-mail Address:   \_\_\_\_\_\_\_\_\_\_ |
| 1. Phone Number/Extension:   (\_\_\_) - \_\_\_ - \_\_\_\_ | 1. Fax Number:   (\_\_\_) - \_\_\_ - \_\_\_\_ |
| 1. Delivery Instructions:   \_\_\_\_\_\_\_\_\_\_ | |
| I certify under penalty of perjury that the information on this form is true and correct, and that I will immediately report to the Texas Department of Agriculture any changes that occur to the information submitted. The Texas Department of Agriculture may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.  Approved  Name: \_\_\_\_\_\_\_\_\_\_ Date: \_/ \_/ \_ | |

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| **SEC B – Completed By Warehouse** | 1. Contracted Warehouse Name:   \_\_\_\_\_\_\_\_\_\_ | 1. Delivery Site is Within 100 Miles of Warehouse:   **Yes**  **No**  **N/A** |
| 1. Delivery Stop/Pick Up Day (requested delivery or pick up day – 1st Monday, Every Thursday, 2nd & 4th Friday, etc.):   \_\_\_\_\_\_\_\_\_\_ | |
| I certify under penalty of perjury that the information on this form is true and correct, and that I will immediately report to the Texas Department of Agriculture any changes that occur to the information submitted. The Texas Department of Agriculture may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.  Approved  Name: \_\_\_\_\_\_\_\_\_\_ Date: \_/ \_/ \_ | |