

Verification by Notary Public

Required for all mail orders. See Health & Safety Code §191.0031

State of Texas

County of _____

(first) (middle) (last), (suffix)
personally appeared before me, and being first duly sworn declared that he/she signed this application as the requestor and further states that he/she has read the above application and the statements therein contained are true and correct.

Signature of Notary

Date

Printed Name of Notary

Commission Expires

(Seal)