



Water Spinach Permit Application

\$263

1. Applicant's Name: _____
 Social Security #: _____
 Date of Birth: ____/____/____ Driver's License or State ID#: _____
 Address: _____
 Telephone Numbers: Home: (____) _____ Business: (____) _____
 FAX: (____) _____ E-Mail Address: _____
 Company's Name: _____

SUBPERMITTEES: Please provide the full names, Social Security Numbers and Driver's License Numbers State Issued Identification Numbers of any persons for whom you are requesting subpermittee status under your permit.

2. Texas Aquaculture License Number: _____ Expiration Date: ____/____/____
 (If Applicable)

3. Has the applicant been found in violation of Parks and Wildlife Code Chapter 66 or applicable regulations during the twelve month period preceding the date of application?
 Yes No

If "Yes," please explain:

4. Facility owner's name, address and location of facility:

(Attach a map to indicate specific location of the aquaculture facilities.)

5. Will the facility be designed such that a discharge of waste into or adjacent to state waters will, or is likely to occur? Yes No

If yes, please provide the appropriate wastewater discharge authorization or exemption from the Texas Commission on Environmental Quality.

If no, please provide documentation to demonstrate that the facility is designed and will be operated in a manner such that no discharge of waste into or adjacent to state waters will, or is likely to occur.

6. **EMERGENCY PLAN:** (Applicant agrees to follow a detailed plan explaining what methods will be used to prevent accidental release or escapement in the event of a natural catastrophe, such as a tropical storm or hurricane). [] Yes [] No

7. Contact person for facility inspection:

Name: _____ Phone: (_____) _____

Please include the address where records will be kept if different from the addresses given in response to Questions 1 and 4.

I certify that I have received and read the (1) Harmful or Potentially Harmful Exotic Fish, Shellfish and Aquatic Plant rules, and (2) will permit the Department to inspect facilities and remove selected specimens from my exotic species stocks during normal business hours, and (3) allow authorized Department personnel to randomly take samples of live exotic species from shipments for identification and analysis at any time. I further certify that all information provided in this application is true and accurate to the best of my knowledge.

SIGNATURE

DATE

Please note: This application will not be considered unless completed fully.

Return completed application and \$263 fee to:

**Permit Coordinator, Inland Fisheries
Texas Parks and Wildlife Department
4200 Smith School Rd.
Austin, TX 78744**

FOR ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL 512-389-4444
OR dial toll-free 1-800-792-1112 and request extension 4444.

Texas Parks and Wildlife Department maintains the information collected through this form. With few exceptions, you are entitled to be informed about the information we collect. Under Sections 552.021 and 552.023 of the Texas Government Code, you are also entitled to receive and review the information. Under Section 559.004, you are also entitled to have this information corrected.