



Water Spinach Permit Application

Application
Fee
\$263

For assistance completing this form, please call 512-389-4742 or email IFpermits@tpwd.texas.gov
This application will not be considered unless fully completed and all fees are received.

1. PRIMARY APPLICANT INFORMATION:

Effective September 1, 2015, Texas Parks & Wildlife is required to collect Social Security numbers for the purpose of child support enforcement under the Texas Family Code, Section 231.302 and Federal Statute 42 U.S.C. §666. Missing or incomplete information may delay application processing time.

First Name: _____ Last Name: _____

Social Security #: _____ Date of Birth: ____/____/____

Driver's License or State ID #: _____ State: _____

Address: _____
Street City Zip County

Company Name: _____

Telephone Numbers: Primary: (____)____-____ Secondary: (____)____-____

E-mail Address: _____

Would you like to help us reduce paper by choosing to receive your permit by email? ☐ Yes ☐ No

2. SUBPERMITTEES:

A subpermittee is any additional person designated to conduct permitted activities under the primary applicant's permit.

Note: Any person requested as a subpermittee that has a final conviction of a violation of Texas Administrative Code Ch. 57.136 in the 5 years prior to the date of the application will not be authorized.

A. Full Name: _____ Date of Birth: ____/____/____

Address: _____
Street City Zip County

Social Security #: _____ Driver's License/State ID #: _____

B. Full Name: _____ Date of Birth: ____/____/____

Address: _____
Street City Zip County

Social Security #: _____ Driver's License/State ID #: _____

C. Full Name: _____ Date of Birth: ____/____/____

Address: _____
Street City Zip County

Social Security #: _____ Driver's License/State ID #: _____

2. SUBPERMITTEES (continued):

- D. Full Name: _____ Date of Birth: ____/____/____
Address: _____
Street City Zip County
Social Security #: _____ Driver's License/State ID #: _____
- E. Full Name: _____ Date of Birth: ____/____/____
Address: _____
Street City Zip County
Social Security #: _____ Driver's License/State ID #: _____
- F. Full Name: _____ Date of Birth: ____/____/____
Address: _____
Street City Zip County
Social Security #: _____ Driver's License/State ID #: _____

3. FACILITY INFORMATION:

Note: A physical facility is required for permit issuance and must be ready for inspection before application is submitted.

- A. Facility Address: _____
Street City Zip County
- B. Name of Facility Owner (if other than applicant): _____
- C. Facility Map: Please print and attach a facility map to your application that shows and labels the specific location of the growing and processing operations (numbered greenhouses for water spinach, packing areas).
- D. Culture Complex: Is your facility in a complex with multiple growers? ☐ Yes ☐ No
- E. Contact person for facility inspection (if other than applicant):
Name: _____ Phone: (____) _____

4. RECORDKEEPING:

Note: You must keep a copy all transport invoices for a period of 2 years from the date of delivery of a shipment **and** must provide all records and documents upon request during normal business hours to and department employee or peace officer acting within the scope of official duties.

- A. Location of Records:

☐ At facility ☐ At Primary Applicant's Address ☐ Other

If Other, provide the physical address of records:

Records Address: _____ City: _____ Zip: _____

5. ADDITIONAL REQUIREMENTS:

- ☐ Emergency Plan: Attach a completed copy of '[Water Spinach Emergency Plan](#)' (PWD-1283C-T3400)
- ☐ Fee: Enclose the required \$263 fee.

6. AFFIDAVIT:

I certify that

(1) I have received and read the Harmful or Potentially Harmful Exotic Fish, Shellfish and Aquatic Plant rules (31 TAC Ch.57A:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=31&pt=2&ch=57&sch=A&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=31&pt=2&ch=57&sch=A&rl=Y)) and

(2) I understand that I must permit authorized Department personnel to inspect facilities during normal business hours and randomly take samples of live exotic species in my possession for identification purposes if deemed necessary at any time.

I understand that under Texas Penal Code § 37.10, it is a felony to make a false statement on this form.

Signature of Applicant

_____/_____/_____
Date

Return completed application, facility map, emergency plan and \$263 fee to:

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

Permit application fee will not be refunded after the facility inspection has been completed by Department staff.

TPWD may refuse issuance of a permit if the applicant has received a final conviction for a violation of Texas Parks and Wildlife Code, §§66.007, 66.0072, and 66.015, and this subchapter during the one-year period preceding the date of application, and may deny issuance of a permit for a period of 5 years from the date of a final conviction for a violation of Texas Administrative Code Title 31 §57.136, pertaining to Special Provisions for Water Spinach.

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.