



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 must be received by the Department at least 30 days prior to any prospective activity involving water spinach.

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. ADDITIONAL APPLICANTS: Each manager or other person who is to supervise permitted activities must be listed as an applicant.

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

Address: _____
Street City Zip County

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

Email: _____

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

Address: _____
Street City Zip County

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

Email: _____

2. ADDITIONAL APPLICANTS (continued):

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

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

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

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

3. FACILITY INFORMATION: 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. Culture Complex: Is your facility in a complex with multiple growers? Yes No

- D. Contact person for facility inspection (if other than applicant):
Name: _____ Phone: (____) _____

