



**Texas Department of Agriculture**  
**Fish Farm Vehicle License Application**

**RAQ-102**

TODD STAPLES, COMMISSIONER

<b><sup>1</sup> BUSINESS TYPE</b>		<b>TDA USE ONLY</b>
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	Remittance No.
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> General Partnership	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Cooperative	Batch No.
<input type="checkbox"/> Other (specify) _____		
<b><sup>2</sup> APPLICANT INFORMATION</b>		
Full legal business name (owner's name if sole proprietor – no aliases)		
D.B.A. (if applicable)		
Comptroller Taxpayer ID No. (in-state businesses only)		Is this a temporary ID? <input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Taxpayer ID No. (out-of-state businesses only)		
Social Security No. (sole proprietors only) - -		

<b><sup>1</sup> RESPONSIBLE PERSON INSTRUCTIONS</b>			
Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:			
<ul style="list-style-type: none"> <li>♦ For a corporation, limited liability company, or cooperative, the president or CEO,</li> <li>♦ For a limited or general partnership, the managing partner or general manager,</li> <li>♦ For a sole proprietorship, the owner,</li> <li>♦ For any other type of business, the general manager.</li> </ul>			
<b><sup>2</sup> RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER</b>			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
<input type="checkbox"/> Ms. <input type="checkbox"/> _____			
Phone No. ( ) - Ext.		E-mail	
<b><sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS</b>			
Address			
City	State	Zip	County

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name \_\_\_\_\_

<b>SECTION C</b>	<b><sup>1</sup> PERSON TO CONTACT FOR LICENSE-RELATED MATTERS</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	First Name	M. I.	Last Name
	Title		Primary Phone (    )       -       Ext.	
	Secondary Phone (optional) (    )       -       Ext.		Fax (optional) (    )       -       Ext.	
	E-mail Address			
	<p><b>***Important Note***</b> I understand that my email address is required for the Texas Department of Agriculture to keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. Failure to provide an email address may result in my not receiving time-sensitive information that could affect my compliance with state regulations, thereby, resulting in monetary penalties.</p>			
	<b><sup>2</sup> MAILING ADDRESS</b>			
Address				
City		State	Zip	County

<b>SECTION D</b>	<b><sup>1</sup> FACILITY INFORMATION</b>			
	Facility Name			
	<b><sup>2</sup> PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES or EQUIPMENT</b>			
	Address (No P.O. Box)			
City		State	Zip	County
Directions to Physical Location if address above is difficult to find				

<b>SECTION E</b>	<b><sup>1</sup> OUT-OF-STATE APPLICANTS ONLY</b>		
	An applicant for a Fish Farm Vehicle license whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas.		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	Resident Agent Name		
	Resident Agent Address		
City		Zip	Business Phone (    )       -

Legal Business Name \_\_\_\_\_

<b>SECTION F</b>	<b><sup>1</sup> FISH FARM VEHICLE INFORMATION</b>	
	Vehicle Identification Number (VIN)	Vehicle Make
	License Plate No.	Vehicle Year/Model
	If you wish to register additional vehicles, please complete Schedule A.	
	<b><sup>2</sup> SPECIES TRANSPORTED</b>	
	Do you transport cultured redbfish or cultured speckled sea trout? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate the estimated % of annual production.		
Redfish	Speckled Sea Trout	

<b>SECTION G</b>	<b><sup>1</sup> PAYMENT</b>	
	Please see instructions for applicable fees.	
	<b>REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.</b>	
	Method of Payment (payable to Texas Department of Agriculture)	
	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____	
	Amount remitted \$	Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076
<b>TDA USE ONLY</b>	Receipt No.	Date Receipt Issued

<b>SECTION H</b>	<b><sup>1</sup> SIGNATURE</b>	
	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.	
	Applicant Name	Title
	Applicant Signature	Date     /     / month day year

<b>SECTION I</b>	<b><sup>1</sup> CHECKLIST</b>	
	Please use this checklist to ensure you are sending all of the necessary information and documents.	
	<input type="checkbox"/> Fish Farm Vehicle Application <input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee.)	
<b>Please note that an incomplete application may result in processing delays.</b>		