



COMMISSIONER SID MILLER

Texas Department of Agriculture
General Aquaculture License Application

RAQ-100

You must complete ALL licensing activity (including testing) within one year of the application date. An incomplete application shall become void on the one-year anniversary of submission. A void application will not be processed and any application fee associated with the void application shall not be refunded.

SECTION A	1 TYPE OF APPLICATION			
	<input type="checkbox"/> New Business		<input type="checkbox"/> Change of Ownership – previous account number	
	2 BUSINESS TYPE			TDA USE ONLY
	<input type="checkbox"/> Corporation		<input type="checkbox"/> Sole Proprietorship	Client No.
	<input type="checkbox"/> Limited Liability Co.		<input type="checkbox"/> Government	Account No.
	<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Organization	Date (mm/dd/yy)
	<input type="checkbox"/> General Partnership			Initials
	3 CLIENT INFORMATION			
	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)		Federal Taxpayer ID No. (Out-of-state businesses only)		
SOLE PROPRIETORSHIP ONLY				
<input type="checkbox"/> Social Security No. (SSN- Required)		<input type="checkbox"/> If you do not have an SSN you must attach form Affidavit for Occupational License - No Social Security Number (OGC-001) available at http://www.agr.state.tx.us		
<input type="checkbox"/> Driver License No. _____ (if SSN is not available)		<input type="checkbox"/> TX		
<input type="checkbox"/> State Issued ID No. _____ (if DL is not available)		<input type="checkbox"/> Other _____		

SECTION B	1 RESPONSIBLE PERSON INSTRUCTIONS		
	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"> ♦ For a corporation, limited liability company, or cooperative, the president or CEO, ♦ For a limited or general partnership, the managing partner or general manager, ♦ For a sole proprietorship, the owner, ♦ For any other type of business, the general manager. 		
	2 RESPONSIBLE PERSON		
First Name	M. I.	Last Name	
Phone No. () - Ext.		E-mail	

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 _____

SEC. B (CONTINUED)	³ RESPONSIBLE PERSON MAILING ADDRESS		
	Address		
	City	State	Zip
Web Address of Business (optional)			

SECTION C	¹ CONTACT FOR LICENSE-RELATED MATTERS <input type="checkbox"/> SAME AS RESPONSIBLE PERSON		
	First Name	M. I.	Last Name
	Primary Phone () - Ext.		Secondary Phone (optional) () - Ext.
	Fax (optional) () - Ext.		
	E-mail Address		
	<p>***Important Note*** I understand that if I provide my email address the Texas Department of Agriculture may, from time to time, send electronic communications to me that will keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. If I fail to provide an email address I understand that I may not receive time-sensitive or important communications that could affect my license or compliance with state regulations, and risk the imposition of monetary or other penalties.</p>		
	² MAILING ADDRESS <input type="checkbox"/> SAME AS RESPONSIBLE PERSON ADDRESS		
Address			
City		State	Zip

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

Legal Business Name _____

SECTION E	¹ OUT-OF-STATE APPLICANTS ONLY		
	An applicant for a General Aquaculture 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. If the address provided in Section A is out of state then this information is REQUIRED .		
	Who do you wish to designate as resident agent? <input type="checkbox"/>		
	Resident Agent Name		
	Resident Agent Address		
	City	Zip	Business Phone () -

SECTION F	¹ AQUACULTURE FACILITY INFORMATION				
	<input type="checkbox"/> Please attach TCEQ authorization - one of the following: (1) copy of cover page from individual wastewater discharge permit, or (2) copy of certificate for coverage under the aquaculture general permit, or (3) completed form "Notice of Water Quality Authorization" from the aquaculture general permit TXG13000.				
	Are you currently, or will you be engaged in shrimp production? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many surface acres are dedicated to shrimp production at this facility location _____.				
	Are you a commercial aquaculture facility located in the coastal zone and engaged in the production of shrimp? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, send the required reports to both TCEQ and Texas Parks and Wildlife Department (TPWD).				
	² SPECIES INFORMATION				
TDA is required to collect information on specific species. Please answer the following question. Do you produce cultured redfish? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you produce cultured speckled sea trout? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List all species you will be culturing or selling below. Please include the common name, scientific name, and your source for each species.					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">COMMON NAME</td> <td style="width: 33%;">SCIENTIFIC NAME</td> <td style="width: 33%;">SOURCE</td> </tr> </table>			COMMON NAME	SCIENTIFIC NAME	SOURCE
COMMON NAME	SCIENTIFIC NAME	SOURCE			

Legal Business Name _____

SECTION F (CONTINUED)

Sources of cultured species:

- a. Will you be obtaining species to be cultured or sold from another aquaculturist (this includes brood-stock, fry, fingerlings, and/or post larval shrimp)? Yes No

If yes, please provide the aquaculturist name(s) and address(es) below:

- b. Will you be obtaining wild-caught species for aquaculture? Yes No

If yes, do you have a Texas Parks and Wildlife Department Collection Permit? Please describe where and how species will be caught. Yes No

If you checked “No” to both a. and b., please explain where and how you are obtaining the species for your operation.

If you will be culturing species that are not native to Texas, contact Texas Parks and Wildlife Department at (512) 389-4742 for exotic species permit requirements.

SECTION G	¹ PAYMENT	
	Please see instructions for applicable fees.	
	REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.	
	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
	TDA USE ONLY	Receipt No. _____ Date Receipt Issued _____

Legal Business Name _____

SECTION H	¹ SIGNATURE	
	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

SECTION I	¹ CHECKLIST
	<p>Please use this checklist to ensure you are sending all of the necessary information and documents.</p> <ul style="list-style-type: none"> <input type="checkbox"/> General Aquaculture License Application <input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee.) <input type="checkbox"/> TCEQ authorization - one of the following: (1) copy of cover page from individual wastewater discharge permit, or (2) copy of certificate for coverage under the aquaculture general permit, or (3) completed form "Notice of Water Quality Authorization" from the aquaculture general permit. (See https://www.tceq.texas.gov/permitting/wastewater/general/TXG13_AIR.html)
Please note that an incomplete application may result in processing delays.	