

Texas Animal Health Commission
Certified Chronic Wasting Disease (CWD) Sample Collector
Authorized Personnel Application

| Collector Information | | | |
|--|-----------------------------|--|--------------|
| Legal Last Name (Required) | Legal First Name (Required) | Legal Middle Name | Suffix |
| Name of Business/Entity | Date of Birth (MM/DD/YYYY) | Texas Driver's License Number | |
| Business (or Personal) Mailing Address (Street – City – State – ZIP) | | Business Physical Address (Street - City - State - ZIP) If Different from Mailing Address | |
| Email | Business Phone | Mobile Phone | Business Fax |
| Do you allow TAHC to post your Certified CWD Sample Collector contact information on a public facing website? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| Program Authorization | | | |
|---|---------------------------------------|--------------------------|---------------------------|
| For the Certified CWD Sample Collector Program, individuals must have satisfactorily completed Texas Animal Health Commission CWD disease control or eradication program training or provide documentation to the Executive Director that they have satisfactorily completed substantially similar disease control or eradication program training. | | | |
| Disease Control / Eradication Program | Training Date (MM/DD/YYYY) | Training Location | Name of Instructor |
| Certified CWD Sample Collector Training | | | |

By signing this application, I certify that the information provided in this form is true and correct and I am able to perform the tasks listed in Texas Administrative Code (TAC), Title 4, Chapter 47 for the disease control or eradication program designated above. I agree to conduct all authorized personnel activities in accordance with 4 TAC §47.4, Standards for Authorized Personnel and I have reviewed 4 TAC §47.6, Grounds for Suspension or Revocation.

Mail the completed, signed application to **TAHC, PO Box 12966, Austin TX 78711-2966, Attn: Authorized Personnel.**

| CWD Sample Collector | |
|-----------------------------|------|
| Signature | Date |

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.)