

Texas Animal Health Commission

**Certified Chronic Wasting Disease (CWD) Postmortem Sample Collector
Authorized Personnel Application**

Certified CWD Postmortem Sample 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	
Preferred Mailing Address (Street – City – State – Zip) Including County			
Business (or Personal) Mailing Address (Street – City – State – ZIP) Including Cty		Business Physical Address (Street - City - State - ZIP) Including Cty If Different from Mailing Address	
Email	Business Phone	Mobile Phone	Business Fax
Do you allow TAHC to post your Certified CWD Postmortem Sample Collector contact information on a public facing website? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Program Authorization			
For the TAHC Certified CWD Postmortem Sample Collector Program, individuals must have satisfactorily completed TAHC 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 Postmortem 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. **I understand that this certification is only valid for the collection of CWD samples in Texas.**

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

Certified CWD Postmortem Sample Collector		
Signature	Printed Name	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.)