



Application/Renewal of Waste Feeding Facility Permit

Texas Animal Health Commission

FOR TAHC USE ONLY	
Permit No.	County/Area No.

- IMPORTANT:**
- A permit is required to feed non-restricted waste to swine.
 - A separate application is needed for each feeding facility.
 - A permit will be issued only after an application has been approved and signed by an official representative and a TAHC Area Director.

INSTRUCTIONS: Please type or print clearly. Complete and sign Section 1, *Applicant Information*.

1. Applicant Information		
1. Name of Applicant (First Name, MI, Last Name) or Business Name	2. Daytime Phone	Evening Phone
3. Name of Feeding Facility		
4. Mailing Address (Street, P. O. Box, Route, etc.)	5. City, State, Zip	
6. Applicant's Physical Address (where you can be contacted in person)	7. City, State, Zip	County
8. Feeding Facility Physical Address/Location (if different from #6)	9. City, State, Zip	County
10. Give directions to your facility if physical address is different from mailing address.		
11. Type of Waste to Feed to Swine	12. Name of Waste Source	13. Location of Source (City)
A.		
B.		
C.		
D.		
E.		
<p>This is to certify that I have received a copy of the Texas Animal Health Commission regulations, that I understand the requirements of the Act and regulations, that I agree to comply with the Act and regulations, and that I agree to give access during normal business hours to inspectors authorized by the Agency. I further agree to dispose of waste that is not to be fed to swine and materials in association with such waste, in a manner consistent with applicable environmental guidelines.</p> <p>I certify that this information is true, accurate, and complete to the best of my knowledge and belief. I also understand the permit expires two (2) years from the date of issuance with an option to renew the permit 30-60 days prior to the expiration date.</p> <p>If the renewal requirements are not met, the waste feeding permit will be terminated.</p>		
Applicant Signature	Date Signed	

2. To Be Completed By Official Representative During Inspection		
Latitude:	Has facility passed inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last Risk Assessment
Longitude:	Have you provided a copy of the regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved Official/Inspector Signature and Code		Date Signed
3. Area Office Use Only		
A current inspection/survey form is attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Test Date: _____ or <input type="checkbox"/> N/A
		Test Results: # Negative _____ # Positive _____
Recommendation: <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Area Director Signature and Code	Date Signed