



New World Screwworm (NWS) Certified Inspector Application

Name (Last, First, M., Suffix)		NWS Preparedness and Response Education course certificate number	
Business / Agency / Organization Name		Job Title	
Business Address (Street - City - State - Zip)		Home/Mailing Address (Street - City - State - Zip)	
Email	Business Phone	Mobile Phone	

Information Release

Texas Animal Health Commission maintains on its public facing website lists of individuals certified in certain disease control and eradication programs. These lists are designed to be searchable resources for producers and may include information such as name, county, and phone number. Please accept or decline the request to post your information. No answer will be treated as a negative response.

For this disease program, do you authorize TAHC to post your contact information?	Yes	No
---	-----	----

In addition to the foregoing;

- (a) I understand and agree that this application and all supporting information, documents, and instruments submitted herewith become the property of the State of Texas and will not be returned in whole or in part.
- (b) I hereby give my permission to the Texas Animal Health Commission to secure additional information concerning me or any of the statements in this application from any person or any source the Commission may desire, including employment verification. And I hereby authorize any person, firm, company or organization to furnish any information requested by the Commission.
- (c) Further, I understand that this document becomes public record and is subject to disclosure. With few exceptions, I have the right to request and be informed about the information that the State of Texas collects. I am entitled to receive and review the information upon request. I also have the right to ask the agency to correct any information that is determined to be incorrect.

I, herein state that all facts, statements, and answers contained in this application are true and correct.

Email the completed, signed application to authorized_personnel@tahc.texas.gov.

Signature	Date
-----------	------