



Exotic Species Permit Application for Aquatic Vegetation Removal

FOR ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL 512-389-4742 OR email ifpermits@tpwd.texas.gov.
Coordination and approval of an Aquatic Vegetation Treatment Proposal with Inland Fisheries District Management is required in advance.

Application packets must be received by TPWD 14 days before proposed treatment and will not be considered unless fully completed, all additional required documents received and applicable fees paid.

TPWD may deny or refuse issuance of a permit if the applicant has received a final conviction for a violation of Texas Parks and Wildlife Code Chapters 12 & 66 or has been non-compliant with provisions of Texas Administrative Code Ch. 57 in the 12 months prior to the date of application.

1. APPLICANT INFORMATION: Effective September 1, 2015, Texas Parks & Wildlife is required to collect Social Security numbers for the purpose of child support enforcement under the Texas Family Code, Section 231.302 and Federal Statute 42 U.S.C. §666. Missing or incomplete information may delay application processing time.

Last Name: _____ First Name: _____

DOB: ___/___/___ SSN: ___-___-___ Driver's License: State ___ Number _____

Organization/Company Name: _____ Telephone No: ___/___/___
(AC)

Mailing Address: _____
Street City State Zip Code

Email address: _____

2. AUTHORIZED PERSONS: Are you requesting authorization for persons other than the applicant (e.g., citizens partnering with the controlling authority) to conduct aquatic vegetation removal under this permit?

Yes No If yes, explain: _____

3. ADDITIONAL REQUIREMENTS

Completed Aquatic Vegetation Treatment Proposal (see p.2; Required for Public Waters only)
(Visit https://tpwd.texas.gov/landwater/water/enviroconcerns/nuisance_plants/ for guidance on how to complete the form)

Map of specific location of Aquatic Vegetation Removal (Required for all permit applications)

FEE, IF REQUIRED:

Private Water Body (\$27 permit fee required; applies only to impounded surface water on private property or water transported in canals, such as for agricultural uses)

Public Water Body (no permit fee required; contact permit coordinator if uncertain whether public)

4. SIGNATURE

I understand that under Texas Penal Code §37.10, it is a felony to make a false statement on this form.

Signature of Applicant

_____/_____/_____
Date

You can return the application one of the following ways (must send via mail if fee required):

Mail: Permit Coordinator, Inland Fisheries
Texas Parks and Wildlife Department
4200 Smith School Rd.
Austin, TX 78744

Fax: 512-389-4405

or

Email: ifpermits@tpwd.texas.gov

Texas Parks and Wildlife Department maintains the information collected through this form. With few exceptions, you are entitled to be informed about the information we collect. Under Sections 552.021 and 552.023 of the Texas Government Code, you are also entitled to receive and review the information. Under Section 559.004, you are also entitled to have this information corrected.



Aquatic Vegetation Management in Texas: A Guidance Document

Appendix C. Aquatic Vegetation Treatment Proposal Form

Form Instructions: Please fill in all of the following information completely and write legibly. A map of the waterbody with marked or delineated proposed treatment sites must be attached to the treatment proposal or processing may be delayed. The permit application on the next page must be completed if [prohibited exotic vegetation](#) will be mechanically removed.

Water Body Name: _____ Water Body Type(s): Lake/Reservoir River/Creek

Submitted By: _____ Submission Date: _____

Property Owner: _____ Contact Person: _____

Contact Phone: _____ Contact Email: _____

Treatment Site Physical Address ([attach map](#)): _____

Date Surveyed: _____ Proposed Treatment Start & End Dates:* _____ TO _____

Aquatic Vegetation Type(s) - **Please Check ALL That Apply:** Floating Emergent Submerged

Concern Tier – **Please Check ONE:** Immediate Response (Tier I) Maintenance (Tier II) Watch Status (Tier III)

Estimated Vegetation Coverage (Acres OR Shoreline Distance) To Be Treated: _____ Average Water Depth: _____ ft.

Proposed Treatment Type(s) - **Please check ALL that apply:** Mechanical Biological Chemical

Herbicide Applicator Name: _____ Applicator License Number: _____

Enter Each Target Aquatic Vegetation Species Name On A Separate Row In Table Below. ** Also Enter All Surfactants In Table.

Aquatic Vegetation Species <small>Enter one species per row.</small>	Chemical Treatment Brand Name(s) / Active Ingredient(s) <small>Enter one per row; use separate row for each surfactant.</small>	Method/ Form of Treatment <small>Chemical spray, granular chemical, mechanical/cutting, biological control, etc.</small>	Treatment Site Description <small>Shoreline, cove, river/creek, etc.</small>	Treatment Area <small>Enter as acres, acre-feet, or shoreline distance for river/creek; give unit of measure).</small>	Percent Coverage <small>Enter as percent of treatment area.***</small>	Chemical Treatment Rate <small>Rate per acre or acre-foot (or per gallon***); give unit of measure</small>	Total Treatment Used <small>Multiply rate X area***</small>
					%		
					%		
					%		
					%		
					%		
					%		
					%		

Comments: _____

*Approved proposals authorize treatments (up to the maximum acreage proposed) until December 31st of the year the proposal was approved, provided compliance with requirements for notices of intent to apply aquatic herbicide and all applicable local or other regulations/requirements.

**Use Additional Copies Of This Form If Needed.

***Chemical Treatment Of Individual Patches of Riparian Nuisance Vegetation Intermittently Distributed Along a River or Creek Enter "Spot Treatment."