



Texas Department of State Health Services
Cash Receipts Branch – MC 2003
PO Box 149347
Austin, TX 78714-9347

Texas Only: 800-572-5548
Local 512-834-6600
Fax: 512-206-3782
dshs.texas.gov/hazpro

Two Year Permit Application Hazardous Consumer Products

To apply for an initial or renew a Hazardous Consumer Products permit here: vo.ras.dshs.state.tx.us/datamart

This application is a(n)	
INITIAL APPLICATION	<input type="checkbox"/>
RENEWAL APPLICATION	<input type="checkbox"/>
DUPLICATE LICENSE	<input type="checkbox"/>

BUDGET/FUND : ZZ109-130
FILE #: _____
PERMIT # _____

This application is a		The company is a		Type of Hazardous Products we work with	
INITIAL APPLICATION	<input type="checkbox"/>	MANUFACTURER	<input type="checkbox"/>	ART MATERIALS	<input type="checkbox"/>
RENEWAL APPLICATION	<input type="checkbox"/>	RE-PACKAGER	<input type="checkbox"/>	AUTO & BUILDING MATERIALS/ CHEMICALS	<input type="checkbox"/>
DUPLICATE PERMIT	<input type="checkbox"/>	IMPORTER	<input type="checkbox"/>	BALLOONS, SMALL BALLS, & MARBLES	<input type="checkbox"/>
		PRIV LABEL DISTRIBUTER	<input type="checkbox"/>	CLEANERS/DEGREASERS/SOLVENTS/ CHEMICALS	<input type="checkbox"/>
				FUELS, FIREWORKS	<input type="checkbox"/>
				TOYS & GAMES -ELECTRICAL HAZARD	<input type="checkbox"/>
				TOYS & GAMES -MECHANICAL HAZARD	<input type="checkbox"/>
				TOYS & GAMES -THERMAL HAZARD	<input type="checkbox"/>

Regulated products include consumer products required to be labeled with hazard warnings under state and federal hazardous substance laws.

You must include a list of your company's wholly owned subsidiaries with registration.

COMPANY NAME		FEDERAL EIN		PERMIT NUMBER	
PHYSICAL ADDRESS			CITY	STATE	ZIP CODE
MAILING ADDRESS (if different)			CITY	STATE	ZIP CODE
RESPONSIBLE PERSON NAME		RESPONSIBLE PERSON EMAIL		RESPONSIBLE PERSON PHONE #	

CERTIFICATION: I certify I have read and understand the requirements of the Hazardous Substance Act, Texas Health & Safety Code, Chapter 501. And all information provided in this application is correct. I further certify by my signature I legally represent the above company.

DATE	SIGNATURE	PRINTED NAME	TITLE

Submit a check or money order for \$649.00 and this application to the below address.

Make checks or money orders payable to DSHS Hazpro Program ZZ109-130

Duplicate Permit requests do not require a fee. Send all Duplicate Permit requests to avc@dshs.texas.gov