

TEXAS DEPARTMENT OF PUBLIC SAFETY

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512/424-2481



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PRECURSOR CHEMICAL/LABORATORY APPARATUS BUSINESS PERMIT

UNIT RESPONSIBLE FOR ADMINISTRATION:

**RSD, PC/LA SECTION MSC-0433
TEXAS DEPARTMENT OF PUBLIC SAFETY
P.O. BOX 4087
AUSTIN, TEXAS 78773-0433
TELEPHONE: 512/424-2481 or 2482**

AUTHORITY: The Texas Controlled Substances Act, Texas Health and Safety Code (HSC), Sections 481.077, 481.078, 481.080, and 481.081, establish the statutory requirements for filing applications for a precursor chemical substance permit and chemical laboratory apparatus permit. Under Section 481.136 or 481.137, the transfer or receipt of any precursor chemical substance specified in Section 481.077 without a permit may be either a state jail felony or a third degree felony. Similarly, Section 481.138 or 481.139 makes it unlawful to transfer or receive chemical laboratory apparatus specified in Section 481.080 without a permit, which also is either a state jail felony or third degree felony.

PURPOSE: This office uses the information you furnish to determine whether or not you meet the requirements for a permit. This application will be the basic record of your permit. Please read the attached **INSTRUCTIONS** before completing the application.

OTHER INFORMATION: This office may request that you provide additional information during the review and processing of your permit application. When filling out the application you may use a typewriter or you may print legibly in ink, please **DO NOT USE PENCIL**.

All categories on the application **MUST BE COMPLETED**. All incomplete applications will be returned. There is **NO FEE** for the application or permit.

All permits are renewable annually and this office will notify each permit holder at least 30 days in advance of renewal date. We will send this notice to the current address shown in our records.

MAILING: Mail the application to the address shown above.

EMAIL: You may contact the PC/LA section at precursor.chemical@txdps.state.tx.us.

INSTRUCTIONS

SECTION A: BUSINESS INFORMATION

Enter the requested information of the business applying for the permit.

Check the appropriate type of business ownership.

Enter the partnership or corporation name, address, and telephone number.

*** SMALL BUSINESS – A small business is an independently owned for-profit business (corporation , partnership, sole proprietorship) that has either fewer than 100 employees or less than \$6 million in annual gross receipts.**

SECTION B: BUSINESS OWNER/REPRESENTATIVE

If business is INDIVIDUALLY owned, enter owner's name and one company representative's name, title, home telephone number, residence address, valid driver license number, state of issuance, date-of-birth, and sex.

If business is a PARTNERSHIP, enter the required information for each on-site partner.

If business owner is not on-site, enter the required information for TWO ON-SITE individuals responsible for disbursement and custody of the controlled items.

SECTION C: STORAGE FACILITY (For precursor chemicals only)

List business name, physical or street address, and telephone number IF DIFFERENT from primary business name, address, and telephone number listed in Section A.

Indicate by checking "Yes" or "No" whether or not your storage site, for **PRECURSOR CHEMICALS**, complies with all applicable ordinances, regulations, and statutes for storage. Check "N/A" if no precursor chemical is handled by your company.

If site is used for storage only, then no additional permit is required; however, if site also functions as a business outlet, an additional permit is required.

SECTION D: MULTIPLE BUSINESSES OWNED

Enter the business name, address, and telephone number of other businesses located within Texas. In the case of corporations, enter the corporate headquarters name, address, and telephone number if NOT already entered in Section A.

SECTION E: IDENTIFY PRECURSOR CHEMICAL/LABORATORY APPARATUS

Under HSC Sections 481.077 and 481.082, identify the controlled precursor chemical or laboratory apparatus which your business either **uses** or **offers** for sale to its clientele. Circle the number or letter on the application which corresponds with the number or letter of the precursor chemical or apparatus listed below.

PRECURSOR CHEMICALS

1. Methylamine.
2. Ethylamine.
3. D-lysergic acid.
4. Ergotamine tartrate.
5. Diethyl malonate.
6. Malonic acid.
7. Ethyl malonate.
8. Barbituric acid.
9. Piperidine.
10. N-acetylanthranilic acid.
11. Pyrrolidine.
12. Phenylacetic acid.
13. Anthranilic acid.
14. Hypophosphorous acid.
15. Ephedrine.
16. Pseudoephedrine.
17. Norpseudoephedrine.
18. Phenylpropanolamine.
19. Red phosphorus.

APPARATUS

- A. Condenser.
- B. Distilling apparatus.
- C. Vacuum drier.
- D. Three-neck flask.
- E. Distilling flask.
- F. Tableting machine.
- G. Encapsulating machine.
- H. Buchner, filter and separatory funnels.
- I. Erlenmeyer, single-neck, two-neck, round bottom, Florence, thermometer, and filtering.
- J. Soxhlet extractor.
- K. Transformer.
- L. Flask heater.
- M. Heating mantle.
- N. Adapter tube.

Indicate by checking "Yes" or "No" whether or not your business sells, transfers or furnishes a listed precursor chemical or laboratory apparatus to another business or individual.

SECTION F: ADDITIONAL INFORMATION

Answer the question by checking "Yes" or "No". If yes, provide applicant's name, date-of-birth, date, and details of the incident in the space provided.

SECTION G:

Briefly describe how your company will use each precursor chemical/laboratory apparatus.

SECTION H: CERTIFICATION STATEMENT

Each individual listed in Section B (1) or B (2) on page 1 must sign and date the certification.

APPLICATION

**PRECURSOR CHEMICAL/LABORATORY APPARATUS BUSINESS PERMIT
(Texas Health and Safety Code)**

A. BUSINESS INFORMATION:

Business Name: _____

Business Telephone #: () _____ Web Address: _____

Physical Address: _____
Street Rm. # City St. Zip

Mailing Address: _____
Street Rm. # City St. Zip

Business Ownership: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____
Type: Retail _____ Wholesale _____ Mail Order _____ Research _____ Mfg. _____

Is your company a small business? Yes ___ No ___ With fewer than 20 employees? Yes ___ No ___

Corporate Headquarters Name: _____

Business Telephone #: () _____

Business Address: _____
Street Rm. # City St. Zip

B. BUSINESS OWNER/REPRESENTATIVE: Name of individual owner and one designated on-site representative responsible for the receipt, custody, and disbursement of the controlled materials. Two on-site company representatives may be substituted if owner is not physically present on-site.

(1) Name: _____ Title: _____
Last First Middle

Home Telephone #: () _____

Residence Address: _____
City St. Zip

Driver License or ID #: _____ State _____ Date of Birth: _____

Social Security #: _____ Sex: _____

(2) Name: _____ Title: _____
Last First Middle

Home Telephone #: () _____

Residence Address: _____
City St. Zip

Driver License or ID #: _____ State _____ Date of Birth: _____

Social Security # _____ Sex: _____

C. **STORAGE FACILITY:** If different from business address, list all locations at which precursor chemicals are stored (see instructions). N/A ___ Check if no precursor chemical is handled by your company.

Business Name	Complete Address	Business Telephone
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

Does your storage site for **precursor chemicals** comply with all city or county ordinances and state or federal law and regulations governing fire, health, and safety standards for storage? Yes ___ No ___

D. **MULTIPLE BUSINESSES OWNED BY APPLICANT OR AGENT:** Also list corporate headquarters if located out-of-state and not previously listed in Section A.

Business Name	Complete Address	Business Telephone
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

E. **IDENTIFY PRECURSOR CHEMICALS/APPARATUS:** Pursuant to Texas Health and Safety Code, Sections 481.077 and 481.080, identify each precursor chemical and laboratory apparatus controlled by these sections which your business or research facility **handles**. Circle the number or letter which corresponds with the number or letter of the precursor chemical or laboratory apparatus listed in the instructions.

PRECURSOR CHEMICAL

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

LABORATORY APPARATUS

A B C D E F G H I J K L M N

Does your business or research facility sell or transfer any of these precursor chemicals (in their pure form) or any apparatus to any other business, research facility, or individual?

Yes ___ No ___

F. ADDITIONAL INFORMATION:

Has any person named on this application ever been:

1. Convicted of or placed on community supervision or other probation for a felony OR any violation involving either the use, sale, possession, transport, cultivation, or manufacture of a **controlled substance** or **dangerous drug**? Yes _____ No _____

2. **Convicted of a felony?** Yes _____ No _____

If answer is yes, give the name, date-of-birth, date of incident, and details: _____

G. Briefly describe how your company will use **each** precursor chemical or laboratory

apparatus: _____

H. CERTIFICATION:

Under penalties of the law, I declare that all statements made in this application are true, correct, and complete. I also understand that any false statements may result in **permit denial** or **criminal prosecution**.

Signature of First Individual in Section B (1) on Page 1

Date Signed

Signature of Second Individual in Section B (2) on Page 1

Date Signed

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED.

****FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE****

PERMIT #: _____

Effective Date: _____

STATE GOVERNMENT PRIVACY POLICY, Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES. 1) with few exceptions, an individual is entitled to be informed about information that a state governmental body collects about an individual; 2) an individual is entitled to receive and review the information, and 3) an individual is entitled to have the state governmental body correct information about the individual that is incorrect.

MUST BE COMPLETED AND MAILED (WITH APPLICATION) TO ADDRESS BELOW

**TEXAS DEPARTMENT OF PUBLIC SAFETY
PRECURSOR CHEMICAL/LABORATORY APPARATUS**

CONSENT TO INSPECT

COMPANY NAME _____

PHYSICAL ADDRESS _____

(Must be the same as the physical address of company listed on Page 1.)

CITY _____ ST. _____ ZIP _____

TELEPHONE () _____

Any member of the Texas Department of Public Safety or any peace officer has my consent to inspect any record concerning the purchase, sale, furnishing or transferring of any controlled precursor chemical or laboratory apparatus at any reasonable time during normal working hours. I will not interfere with the inspection or copying of records during the course of these duties.

SIGNATURE OF COMPANY REPRESENTATIVE

DATE _____

PRINT NAME

PERMIT NUMBER _____

MAIL TO: RSD, PC/LA MSC-0433, Texas Dept. of Public Safety, PO Box 4087, Austin, TX 78773-0433