



BUSINESS PERMIT ANNUAL APPLICATION

AUTHORITY: The Texas Controlled Substances Act, Texas Health & Safety Code (HSC) §481.077, §481.080, §481.081, establish the statutory requirements for filing applications for a precursor chemical substance permit and chemical laboratory apparatus permit. Under §481.136 or §481.137, the transfer or receipt of any precursor chemical substance specified in §481.077 without a permit may be either a State Jail Felony or a Third-Degree Felony. Similarly, §481.138 or §481.139 makes it unlawful to transfer or receive chemical laboratory apparatus specified in §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 you provide additional information during the review and processing of your permit application.

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 mailing address shown in our records.

MAILING: Texas Department of Public Safety
PCLA MSC 0438
P.O. Box 4087
Austin, Texas 78773-0438
(512) 424-7293

EMAIL: You may contact the PCLA Section at RSD.ControlledSubstances@dps.texas.gov.

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 phone 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 the owner's name and one company representative's name, title, home phone number, residence address, valid driver's license, state of issuance, date of birth and gender.
- 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 the business name, physical or street address, and phone number **IF DIFFERENT** from primary business name, address and phone number listed in Section A.
- Indicate by checking Yes or No whether 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 phone number of the business located in Texas.
- In the case of corporations, enter the corporate headquarters name, address and phone number, if NOT already entered in Section A.

SECTION E: IDENTIFY PRECURSOR CHEMICAL LABORATORY APPARATUS

- Under HSC §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 Phosphorous

APPARATUS

- A. Condenser
- B. Distilling Apparatus
- C. Vacuum Dryer
- D. Three-Neck Flask
- E. Distilling Flask
- F. Tableting Machine
- G. Encapsulating Machine
- H. Buchner, Filter, and Separatory Funnels
- I. Erhlenmeyer, Single-Neck, Two-Neck, Round Bottom, Florence, Thermometer and Filtering Flasks
- J. Soxhlet Extractor
- K. Transformer
- L. Flask Heater
- M. Heating Mantle
- N. Adapter Tube

Indicate by checking **YES** or **NO** whether 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 the applicant's name, date of birth, date of incident and details of the incident in the space provided.
- Briefly describe how your company will use each precursor chemical laboratory apparatus.

SECTION G: ACKNOWLEDGEMENT OF INSPECTION

- Confirm understanding of Texas Department of Public Safety or any peace officer right to inspect.

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

SECTION A: BUSINESS INFORMATION									
Name of Business									
Phone			Website				Email:		
Physical Address									
City		County			State			ZIP	
Mailing Address									
City		County			State			ZIP	
Business Ownership		<input type="radio"/> Individual			Business Type		<input type="radio"/> Retail <input type="radio"/> Wholesale <input type="radio"/> Mail Order		
		<input type="radio"/> Partnership <input type="radio"/> Corporation					<input type="radio"/> Research <input type="radio"/> Manufacturing		
Small Business		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Fewer than 20 employees		<input type="radio"/> 20-100 employees		<input type="radio"/> Greater than 100 employees	
Corporate Headquarters Name									
Address						Phone			
City		County			State			ZIP	
SECTION B: BUSINESS OWNER / REPRESENTATIVE									
<i>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.</i>									
Name					Title				
Date of Birth				Gender					
DL / ID #			State			Home Phone			
Residence Address									
City		County			State			ZIP	
Name					Title				
Date of Birth				Gender					
DL / ID #			State			Home Phone			
Residence Address									
City		County			State			ZIP	
SECTION C: STORAGE FACILITY									
<i>If different from business address, list all locations at which precursor chemicals are stored (see instructions).</i>									
<input type="radio"/> Not applicable (if no precursor chemicals are handled by your company).									
Business Name									
Address						Phone			
City		County			State			ZIP	
Business Name									
Address						Phone			
City		County			State			ZIP	
Business Name									
Address						Phone			
City		County			State			ZIP	
<input type="radio"/> Yes	Does your storage site for precursor chemicals comply with all city or county ordinances, and state and federal law and regulations governing fire, health and safety standards for storage?								
<input type="radio"/> No									



SECTION D: MULTIPLE BUSINESS OWNED BY APPLICANT OR AGENT

Also list corporate headquarters, if located out-of-state and not previously listed in Section A.

Business Name

Address Phone

City County State ZIP

Business Name

Address Phone

City County State ZIP

Business Name

Address Phone

City County State ZIP

SECTION E: IDENTIFY PRECURSOR CHEMICALS / APPARATUS

In compliance with Texas Health & Safety Code §481.077 and §481.080, identify each precursor chemical and laboratory apparatus controlled by these sections which your business or research facility handles. Select the corresponding 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

Yes No 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?

SECTION F: ADDITIONAL INFORMATION

Yes No Has any person named on this application ever been 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 Has any person named on this application ever been convicted of a felony?
If yes, give the name, date of birth, date of incident and the details:

Briefly describe how your company will use each precursor chemical or laboratory apparatus:

SECTION G: ACKNOWLEDGEMENT OF INSPECTION

(Initial) 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.



SECTION H: CERTIFICATION

Under penalties of the law, I declare all statements made in this application are true, correct and complete. I also understand 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 DPS 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.