



**REGULATORY LICENSING UNIT
DEVICE DISTRIBUTOR LICENSE APPLICATION
(Health and Safety Code, Chapter 431)**

Return both the completed application and fee made payable to the
TEXAS DEPARTMENT OF STATE HEALTH SERVICES in the envelope provided or mail to:
Texas Department of State Health Services, PO Box 12008, Austin, Texas 78711.
You may visit our website at: www.dshs.state.tx.us

DEVICE DIST

BUDGET:	ZZ105
FUND:	091
LICENSE #:	

If you are a device manufacturer or a device distributor who is also required to be licensed as a drug distributor or food wholesaler, contact this office at (512) 834-6626 for the correct application.

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address: () _____

Type of Operation: (Check all that apply) Distributor Initial Distributor (Importer) Own-label Distributor Broker

Type of Device: (Check all that apply) Class I Class II Class III Prescription OTC
 Sterile-Packaged Tracked Implantable Software-driven In-vitro diagnostic

FEE SCHEDULE FOR DEVICE DISTRIBUTOR

License fees are based on **ALL** gross annual device sales at each licensed place of business. "Distributor" means a person who furthers the marketing of a finished domestic or imported device from the original place of manufacture to the person who makes final delivery or sale to the ultimate consumer or user. The term includes an importer or an own-label distributor. The term does not include a person who repackages a finished device or who otherwise changes the container, wrapper, or labeling of the finished device or the finished device package. "Finished Device" means a device, or any accessory to a device, which is suitable for use, whether or not packaged or labeled for commercial distribution.

GROSS ANNUAL DEVICE SALES				FEE FOR INITIAL/RENEWAL LICENSE OR CHANGE OF OWNERSHIP	
<input type="checkbox"/>	\$	0.00 -	\$	499,999.99	= \$ 495.00 for each establishment
<input type="checkbox"/>	\$	500,000.00 -	\$	9,999,999.99	= \$1,113.00 for each establishment
<input type="checkbox"/>	\$	10,000,000.00 -	\$	Or more	= \$1,731.00 for each establishment

EXEMPTION FROM FEE:

- This place of business engages **ONLY** in the manufacture or distribution of radiation machines which are devices or the manufacture or distribution of devices which contain radioactive materials and is currently licensed or registered with the Texas Department of State Health Services, Radiation Control under §289.252 or §289.226, 25 Texas Administrative Code.
- This place of business is a charitable organization as described in the Internal Revenue Code of 1986, §501(c)(3), or a nonprofit affiliate of the organization, to the extent otherwise permitted by law.

Late Fee - A person who files a renewal application after the expiration date must pay an additional \$100.00.
ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE.

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 431 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature _____ Date _____

Printed Name & Title _____

OWNER
 PARTNER
 PRESIDENT
 CORPORATE DESIGNEE / AGENT

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

New - Start Date of Regulated Activity: _____

Change of Ownership (Including legal entity) [previous owner: _____ Effective Date: _____
Change of ownership (including change of legal entity) requires submission of a new application and fee as listed on Page 1. The effective date of change becomes the new anniversary date.

Amended - Change of Location [previous location: _____] } Enter the date the change
 Change of Name [previous name: _____] } was effective
 Other: _____ Date: _____

Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application and fee as listed on Page 1. The current expiration date remains in effect.

Renewal - Renewals are valid from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**

Notice that firm is out of business. Date: _____
Sign and date. Return for deletion from our records.

Not required to license/permit
Reason: _____

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters; or for the manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence.

**Residence address, driver's license number, and date of birth are only required of drug and/or device applicants*

Name & Title *Residence Address *Driver's License Number *Date of Birth

BUSINESS HOURS OF OPERATION: _____ m. to _____ m.

WEBSITE/ INTERNET ADDRESS: http://www. _____

BILLING INFORMATION (The license/permit and/or courtesy renewal notice will be sent to the following):

Billing Name: _____

Billing Address: _____

City, State, Zipcode: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED BEFORE A LICENSE/PERMIT WILL BE ISSUED. Please allow 4-6 weeks for processing.

For assistance in completing this application, call (512) 834-6626.

Please address any correspondence to: Texas Department of State Health Services, Regulatory Licensing Unit, Food and Drug Licensing Group, 1100 West 49th Street, Austin, Texas 78756.

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM
PAGE 2 OF 3**

LICENSE/PERMIT HOLDER INFORMATION: Complete the required ownership information.

Legal name of company must be identical to the name on your State Tax Payer's Identification on file with the Texas Comptroller of Public Accounts.

Legal Name Tax Payer ID # or Charter # Outlet #

Mailing Address of Licensed Establishment City and State Zip

* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor? Yes No
(If yes, please attach a statement explaining the conviction.)

***Residence address, driver's license number, and date of birth are required of drug and/or device applicants ONLY.
INCLUDE A COPY OF YOUR DRIVER'S LICENSE**

SOLE OWNER / PROPRIETORSHIP

Name *Residence Address *Drivers License Number *Date of Birth

PARTNERSHIP **LP** **LLP** **LTD**

Name of Partnership Effective Date of Partnership

Name *Residence Address *Drivers License Number *Date of Birth

Name *Residence Address *Drivers License Number *Date of Birth

Name *Residence Address *Drivers License Number *Date of Birth

ASSOCIATION

Name *Residence Address *Drivers License Number *Date of Birth

Name *Residence Address *Drivers License Number *Date of Birth

CORPORATION **LLC**

Name of Corporation Date and Place of Incorporation

President's Name *Residence Address *Drivers License Number *Date of Birth

Officer's Name *Residence Address *Drivers License Number *Date of Birth

Officer's Name *Residence Address *Drivers License Number *Date of Birth

Name of Registered Agent *Residence Address Telephone Number