



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

CERTIFICATE OF ORIGIN AND SANITATION

Texas Health and Safety Code, Chapter 431,433,435,436,440)
Texas Administrative Code, Chapter 229)

2410
For Office Use Only
Budget: **ZZ104**
Fund: **183**

Return this completed application and non-refundable fee made payable to: Texas Department of State Health Services, P.O. Box 12008, Austin, Texas 78711. For additional assistance, phone (512) 834-6626 or visit our website at: www.dshs.texas.gov .

1. FACILITY INFORMATION:

COMPANY NAME: _____

PHYSICAL ADDRESS _____
(STREET) (CITY) (ZIP)

ADDRESS TO BE MAILED TO: _____
(STREET) (CITY) (ZIP)

MAIL BY: () U.S. Mail () Courier - If you prefer to use an overnight courier provide a **pre-printed shipping label** or email the pre-printed shipping label to Doreen.Garcia@dshs.texas.gov .

NAME OF CONTACT PERSON: _____

TELEPHONE NO: _____ FAX NO: _____

EMAIL ADDRESS: _____

2. TYPE OF LICENSE:

Please check the type of permit/license you currently possess with the Texas Department State Health Services. You must possess a current and valid license/permit for issuance of certificate(s) you are requesting.

License/Permit #: _____

<input type="checkbox"/> Food Manufacturer	<input type="checkbox"/> Food Distributor
<input type="checkbox"/> Molluscan Shellfish	<input type="checkbox"/> Crab Meat
<input type="checkbox"/> Device Manufacturer	<input type="checkbox"/> Device Distributor
<input type="checkbox"/> Drug Manufacturer	<input type="checkbox"/> Drug Distributor
<input type="checkbox"/> Frozen Dessert Manufacturer/ Distributor	<input type="checkbox"/> Milk Processor/Distributor

() Cosmetics Manufacturer/Distributor – Cosmetic establishments are not required to be licensed by the department (see fee schedule on next page)

PRODUCT LIST: Please use the example table below to list the product(s) for the certificate(s). Product list must be in *WORD* or *EXCEL*. **EACH PRODUCT SIZE IS A SEPARATE PRODUCT.** Products listed on the certificate will be listed exactly as submitted you may send this listing via email to Doreen.Garcia@dshs.texas.gov . Also, please include a hard copy with your application. Wholesale distributing firms must include name of manufacturer of products.

Product Name (No abbreviations)	Manufacturer of Product	Product Size
e.g. Green Beans	Your Company Name, Inc.	12 oz
Green Beans	Your Company Name, Inc.	24 oz

**Do Not Include Non Food Items e.g. (foil and paper goods)*

CERTIFICATE OF ORIGIN

1-50 products; \$50.00 x number of original request	_____	=	\$ _____
1-50 products; \$5.00 x number of each identical certificate request	_____	=	\$ _____
51- 200 products; \$60.00 x number of original request	_____	=	\$ _____
51- 200 products; \$6.00 x number of each identical certificate request	_____	=	\$ _____
201- 500 products; \$75.00 x number of original request	_____	=	\$ _____
201-500 products; \$8.00 x number of each identical certificate request	_____	=	\$ _____
501 – 1000 products; \$100.00 x number of original request	_____	=	\$ _____
501 – 1000 products; \$10.00 x number for each identical certificate	_____	=	\$ _____
1001+ products; \$150.00 x number of original request	_____	=	\$ _____
1000+ products; \$15.00 for each identical certificate request	_____	=	\$ _____
Total Number of Certificates Requested	_____		Total Amount Due \$ _____

*Please note: Additional Fees or Supplemental information. A separate invoice shall be mailed or sent via facsimile to applicant. These fees must be paid prior to the certificate being issued.

FEE SCHEDULE FOR COSMETICS ONLY: For cosmetic establishments not required to be licensed by the department, and who do not have a current compliant inspection, a non-refundable fee of \$400.00 for an inspection conducted by the department staff will be required in addition to the above fees. Please complete the above form to determine the appropriate fee. Cosmetics manufacturers/distributors may **ONLY** apply for a Certificate of Free Sale.

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. You may visit our website www.dshs.texas.gov for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

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. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 431; 433; 435; 436; 440 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature

- OWNER
 - PARTNER
 - PRESIDENT
 - CORPORATE DESIGNEE / AGENT
- _____ Date

Printed Name & Title