



REGULATORY LICENSING UNIT
DEVICE DISTRIBUTOR

DEVICE DIST
2503

Minor Amendment License Application

(Health and Safety Code, Chapter 431)

Return both the completed application, and non-refundable fee made payable to:
Texas Department of State Health Services, RLU, Food & Drug Licensing,
P.O. Box 12008, Austin, Texas 78711
For assistance in completing this application call (512) 834-6727

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) 834-6727 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.

Table with 2 columns: GROSS ANNUAL DEVICE SALES and FEE FOR MINOR AMENDMENT. Rows include LV1 (\$0 - \$499,999.99), LV2 (\$500,000 - \$9,999,999.99), and LV3 (\$10,000,000 or more).

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...
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...

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.

Print Name: Title: Owner President Partner Corporate Designee / Agent

sign here Date:

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number or Federal Identification number.

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****Please Note: For ONLY Drug, Device, and/or Certificate of Authority Applications:**

* 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.)

* Please include a copy of Driver's License with application.

* Applicants are required to fill in residence address, driver's license number, and date of birth below.

SOLE OWNER / PROPRIETORSHIP

Sole Owner: _____
Name Residence Address DLN DOB

Partnership LP LLP LTD Effective Date of Partnership _____

Name of Partnership: _____

Partnership Address: _____
ADDRESS CITY ST ZIP

*** Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:**

Partner 1: _____
Name Residence Address DLN DOB

Partner 2: _____
Name Residence Address DLN DOB

Partner 3: _____
Name Residence Address DLN DOB

Association **State Agency**

Name of Association / State Agency: _____

Address: _____
STREET CITY STATE ZIP

*** Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:**

Contact 1: _____
Name Residence Address DLN DOB

Contact 2: _____
Name Residence Address DLN DOB

Corporation **LLC** Date and Place of Incorporation: _____

Corporation Name: _____

Corporation Address: _____
STREET CITY STATE ZIP

***Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:**

President: _____
Name Residence Address DLN DOB

Officer 1: _____
Name Residence Address DLN DOB

Officer 2: _____
Name Residence Address DLN DOB

Registered Agent: _____
Name Residence Address DLN DOB