



DEPARTMENT OF STATE HEALTH SERVICES
 Regulatory Licensing Unit
 Hazardous Consumer Products Registration, ZZ109-130
 (512) 834 - 6600
<http://www.dshs.state.tx.us/hazpro>

OFFICE USE ONLY
 Budget ZZ109-130 MC-2003

Case No.
File No.
Reg. No.

Two Year Registration
Hazardous Consumer Products
 Under Texas Health and Safety Code, Chapter 501

To apply online for a new or renewal HazPro Registration, please go to: <http://www.dshs.state.tx.us/hazpro> & follow the Texas.gov instructions.

Reason for Applying		
(Check all that apply. Enter Registration Number if application is for a Renewal Application)		
<input type="checkbox"/> New Permit / Change of Ownership	<input type="checkbox"/> Permit Renewal	Registration No.

COMPANY NAME: _____

FEDERAL TAX I.D. #: _____ TELEPHONE: (_____) _____

ADDRESS: _____
 (Street) (City) (State) (Zip) (Country)

MAILING ADDRESS (if different): _____
 (PO Box or Street) (City) (State) (Zip) (Country)

CONTACT PERSON / TITLE / EMAIL: _____

Regulated products include consumer products required to be labeled with hazard warnings under state and federal hazardous substance laws.

ENCLOSURES:

A **\$649.00** check or money order payable to: **DSHS Hazardous Consumer Products Permit Program, ZZ109-130**

A list of wholly-owned subsidiaries to be included under this company's registration.

Include the official names of businesses (company subdivisions, private labels, etc.) that are owned and operated entirely by the company submitting this registration.

Mailing address: Cash Receipts Branch MC – 2003 Texas Department of State Health Services PO Box 149347 Austin TX 78714-9347	or	Cash Receipts Branch MC - 2003 Texas Department of State Health Services 1100 W 49th St Austin TX 78756
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CERTIFICATION STATEMENT

I swear or affirm that all information in this completed application is true and correct. I further certify by signature hereon that I am an officer of this company or am otherwise authorized to sign this document on behalf of this company/corporation. I further certify that I have read and understood the requirements of THE HAZARDOUS SUBSTANCE ACT, HEALTH AND SAFETY CODE, CHAPTER 501.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Privacy Notification

With few exceptions, you have the right to request and are 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.tdh.state.tx.us> for information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Hazardous Substance Registration Application
PUBLICATION # EF49-11523

Revised (08/2015)

An Equal Opportunity Employer and Provider