



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES**

Return completed attachments to:  
RLU, FOOD & DRUG LICENSING  
PO BOX 149347  
AUSTIN, TX 78714-9347  
512-834-6727 or Fax 512-834-6741

**ADDITIONAL DOCUMENTATION REQUIRED FOR SALVAGE  
OF PRESCRIPTION DRUGS**

Only facilities which engage in the salvage of prescription drugs are required to submit additional documentation. Please submit all required information below. Failure to provide documents as required may result in a significant delay in licensing or denial of licensure.

1. A list of all licenses and permits issued to the applicant by any other state under which the applicant is permitted to purchase or possess prescription drugs.  
  
▶ If applicant or firm is **not** licensed with other states please check here:
  
2. Completed Attachment A (page 2 ) and;
  
3. Attachment B (page 3 thru 5 ).
  
4. License holder information sheet (page 6).
  
5. Please attach a copy of the **APPLICATION SUMMARY** (which was sent to your email address) so additional documentation may be placed with your on-line application.
  
6. Please submit all additional documentations to our office by:
  - a) Fax information to: 512-834-6741 or;
  - b) Email information to: [drugs-foodsafety@dshs.state.tx.us](mailto:drugs-foodsafety@dshs.state.tx.us) or;
  - c) Mail information to:

DSHS  
RLU, Food & Drug Licensing  
PO Box 149347  
Austin, Tx 78714-9347

**ATTACHMENT A  
APPLICANT QUALIFICATIONS**

To qualify for the issuance or renewal of a license as a wholesale distributor and/or manufacturer of prescription drugs under these sections, the designated representative of an applicant or license holder must:

- (1) Be at least 21 years of age.
- (2) Have been employed full-time for at least three years by a pharmacy or a wholesale distributor in a capacity related to the dispensing or distributing of prescription drugs, including recordkeeping for the dispensing or distributing of prescription drugs.
- (3) Be employed by the applicant full-time in a managerial-level position.
- (4) Be actively involved in and aware of the actual daily operation of the wholesale distributor.
- (5) Be physically present at the applicant's place of business during regular business hours, except when the absence of the designated representative is authorized, including sick leave and vacation leave.
- (6) Serve as a designated representative for only one applicant at any one time.
- (7) Not have been convicted of a violation of any federal, state, or local laws relating to wholesale or retail prescription drug distribution or the distribution of controlled substances.
- (8) Not have been convicted of a felony under a federal, state, or local law.

I, \_\_\_\_\_, in my official capacity as the designated representative of the applicant or license holder, do hereby attest I meet all of the qualifications above.

\_\_\_\_\_  
Signature of Designated Representative

Given and signed in the City of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20

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The State of \_\_\_\_\_,

County of \_\_\_\_\_,

Before me, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**Please Note:**

Failure to provide documents as required may result in a significant delay in licensing or denial of licensure. Each attachment must be completed by a designated representative who is located at the physical address of the business, being licensed. Forms/Attachments MUST be notarized. Attachments A & B must be completed for each designated representative.

For additional information or assistance, please call (512) 834-6727.

## ATTACHMENT B

For each person who is a designated representative and/or a manager of each place of business, the applicant shall provide the following information to the department as per 25 TAC Chapter 229.425

**Note: Any information and/or document submitted in response to requirements MUST be signed before a Notary Public.**

1. List the person's place(s) of residence for the past seven years:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_, \_\_\_\_\_ (ST) \_\_\_\_\_ (Zip Code)  
(City)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_, \_\_\_\_\_ (ST) \_\_\_\_\_ (Zip Code)  
(City)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_, \_\_\_\_\_ (ST) \_\_\_\_\_ (Zip Code)  
(City)

2. List person's date and place of birth:

\_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Place) (Date: MM/DD/YYYY)

3. List the person's occupations, positions of employment, and offices held during the past seven years:  
**(Note: Do NOT Attach Resumes)**

\_\_\_\_\_  
(Occupation/Position of Employment) \_\_\_\_\_ (Office Held)

\_\_\_\_\_  
(Occupation/Position of Employment) \_\_\_\_\_ (Office Held)

\_\_\_\_\_  
(Occupation/Position of Employment) \_\_\_\_\_ (Office Held)

4. List the business name and address of any business, corporation, or other organization in which the person held an office as sole proprietor, partner, principal, and/or officer; or in which the person conducted an occupation or held a position of employment:

\_\_\_\_\_  
(Business Name) \_\_\_\_\_ (Office Held)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_, \_\_\_\_\_ (ST) \_\_\_\_\_ (Zip Code)  
(City)

\_\_\_\_\_  
(Business Name) \_\_\_\_\_ (Office Held)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_, \_\_\_\_\_ (ST) \_\_\_\_\_ (Zip Code)  
(City)

5. Provide a statement of whether during the preceding seven years the person was the subject of a proceeding to revoke a license and the nature and disposition of the proceeding:

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6. Provide a statement of whether during the preceding seven years the person has been enjoined, either temporarily or permanently, by a court from violating any federal or state law regulating the possession, control, or distribution of prescription drugs, including the details concerning the event:

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7. Provide a written description of any involvement by the person with any business, including any investments, other than the ownership of stock in a publicly traded company or mutual fund during the past seven years, that manufactured, administered, prescribed, distributed, or stored pharmaceutical products and any lawsuits in which the businesses were named as a party:

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8. Provide a description of any felony offense for which the person, as an adult, was found guilty, regardless of whether adjudication of guilt was withheld or whether the person pled guilty or nolo contendere:

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9. Provide a description of any criminal conviction of the person under appeal, a copy of the notice of appeal for that criminal offense, and a copy of the final written order of an appeal not later than the 15th day after the date of the appeal's disposition:

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10. Attach a photograph of the person taken not earlier than 30 days before the date the application was submitted. **(Note: Do NOT submit Employee ID, state or government issued identification).**



I, \_\_\_\_\_, in my official capacity as the designated representative of the  
(Print Legibly)  
applicant or license holder, do hereby attest I meet all of the qualifications above.

\_\_\_\_\_  
Signature of Designated Representative / Manager

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Given and signed in the State of \_\_\_\_\_, City of \_\_\_\_\_,

County of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Before me, on this day personally appeared \_\_\_\_\_, known to me to be the person  
(Print Legibly)  
whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

NOTARY SEAL

**Please Note:**

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