



DEPARTMENT OF STATE HEALTH SERVICES

Budget / Fund ZZ109-125

Environmental & Sanitation Licensing Unit
 AVC Permit Program ZZ109-125
 (512) 834 - 6600

<http://www.dshs.texas.gov/avc>

Texas Department of State Health Services

DUPLICATE PERMIT REQUEST
Abusable Volatile Chemical (AVC) Sales Permit

Under Texas Health and Safety Code, Chapter 485

For additional assistance in completing this form phone (512) 834-6600

INSTRUCTIONS: Complete the following information and return to the AVC Permit Program by one of the following

Fax: (512) 834-6614
 Email: avc@dshs.texas.gov

Mail:

Texas Department of State Health Services
 Environmental & Sanitation Licensing Unit
 PO Box 149347 Mail Code 2835
 Austin TX 78714-9347

Business Location Information

(Actual physical location at which an Abusable Volatile Chemical is sold.)

Permit #:		Retail Location Name:		
Retail Location Address: (street address)				
City:		State:		Zip:

Requestor Information

The following information is required of all corporations/companies that own or operate retail locations in Texas that currently hold an AVC Sales Permit. **To facilitate a request for multiple locations, please fill out separate applications.** Please provide the following information:

Requestor's Name:

Mailing Address and Contact Information

(Address where permit will be mailed, e.g., address of corporation, company, or home)

Mailing Address: (If different from business location)		
City:	State:	Zip:
Contact Name:	Contact Phone:	
Contact Email:	Contact Fax:	

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 to be determined to be incorrect. See <http://www.dshs.texas.gov> for information on Privacy Notification. (Reference: Government Code, Section 552.023, 559.003 and 559.004).

Signature of Responsible Person or Owner :			
Name (Printed):		Date:	