REGULATORY LICENSING UNIT
Milk Transport Tanker

Initial/ Renewal/Replacement license application
(Health and Safety Code, Chapter 435)

Return the completed application and **non-refundable check or money order** to: Texas Department of State Health Services RLU - Food & Drug Licensing, MC-2003 PO Box 149347 Austin, Texas 78714-9347

You may visit our website at: **www.dshs.texas.gov/milk**
For Assistance call (512) 834-6727

☐ Initial       ☐ Renewal       ☐ Decal Replacement

Name business is conducted under (DBA): ________________________________

Location address: ______________________________________________________

City                                County                                ST                           Zip Code

Telephone number at physical address: ______________________________________

Contact person at location address: __________________________________________

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**Note:** The complete application and fee must be received in this office prior to an inspection of the vehicle(s). Our office will not accept your business Vehicle Identification Number (VIN) listing and/or spreadsheet.

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**Replacement of Decal only:**

Total number of decals ordered: _______________ X $200.00 = ________________

Total due
**VEHICLE PERMIT DECALS**

**Initial Only:** Milk tank truck fees are determined by the approval inspection date. Use the below dates to determine the correct fee.

- ☐ Approval inspection date within **Sept 1 – Feb 28/29** – *(initial only)*
  - Total number of vehicle decals ordered: _______ × $200.00 = ________________
    - **Total due**

- ☐ Approval inspection date within **March 1 – Aug 31** – *(initial only)*
  - Total number of vehicle decals ordered: _______ × $150.00 = ________________
    - **Total due**

**Amend license only:**
- ☐ Amend license (For change of dba name only) $100.00

*Decals are not issued for amendments.*

**Renewal only:** A late fee of $100.00 will be assessed if payment is not received on or before August 31.
- Total number of vehicle decals ordered: _______ × $206.00 = ________________
  - **Total due**

*Note: The original renewal notice documenting the VIN number(s) is the only listing our office will accept.*

**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, I am not currently delinquent in the payment of any corporation franchise taxes owed the State of Texas under chapter 171, Tax Health & Safety Code, nor am I delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 435 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them.

_____________________________  ____________
Print name

_____________________________
Signature

**Title:**  ☐ Owner  ☐ President  ☐ Partner  ☐ Corporate Designee/Agent

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**PAGE 2 OF 6**
**Purpose of this application:** Mark appropriate box to **indicate** purpose of this application and/or any changes in the status of firm.

- **Renewal** – Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each truck and must be remitted before the license or permit will be issued.
- **New**  
  Estimated start date of regulated activity: ____________________

- **Change in ownership** – Requires submission of application and fee as listed on page 1.
  Previous owner name: _________________________________________
  Effective date of change: ______________________________

**Amended** – If business name (DBA) has changed, submission of fee is required as listed on page 1.

- Change of DBA name (previous name): _________________________________
- Other: _________________________________
  Effective date of change above: ________________________________

- Notice that firm is out of business. Date closed: _____________________
  **Sign & date page 1 & return for deletion from our records.**

- No required to license. Reason: _____________________________________

**WEBSITE / INTERNET ADDRESS:** [http://www.](http://www.)

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**Mailing address information.** The license and/or courtesy renewal notice will be sent to the address below.

Mailing name: ____________________________________________

Mailing address: ____________________________________________

City, State, Zip Code: ____________________________________________

Name of application preparer (contact person): ____________________________

Telephone number of contact person: ____________________________

Email address of contact person: ____________________________________________

Fax number of contact person: ____________________________________________

**License Holder Information:** Please list the 11 digit state Taxpayers Number on file with the Texas Comptroller of Public Accounts and the 9 digit Employee Identification Number (EIN).

<table>
<thead>
<tr>
<th>Taxpayer number</th>
<th>EIN number</th>
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For the information below, complete the box that applies to the ownership of the license.

- [ ] **Sole Owner / Proprietorship**
  
  Name of sole owner: ____________________________________________

- [ ] **University/College**  [ ] **County/Department**  [ ] **Family Trust**
  
  Name of entity ____________________________________________

  President / Officer ____________________________________________

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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 have the right to ask the state agency to correct any information that is determined to be incorrect.

PAGE 5 of 6

ALL PAGES OF THIS FORM MUST BE COMPLETED BEFORE A DECAL(S) WILL BE ISSUED.

Please allow 4 to 6 weeks for processing.
Provide the Initial Milk Tank Truck(s) Vehicle Identification Number(s) (VIN) *Failure to provide this document as required may result in a significant delay in licensing.*

Date_________________

Company Name: _________________________________________________________

Location of Tanker(s): _____________________________________________________

Phone Number and Contact Person: _________________________________________

Number of Initial Tankers to be inspected: __________

<table>
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<tr>
<th>Tankers</th>
<th>File # (Office Use Only)</th>
<th>Vehicle Identification Number (Required – to be completed by applicant)</th>
<th>Decal Number (Office Use Only)</th>
<th>Inspection Approval (Office Use Only)</th>
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This sheet must be included with the initial application and required fee.