



**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 – Feb28/29** – (initial **only**)

Total number of vehicle decals ordered: \_\_\_\_\_ X \$200.00 = \_\_\_\_\_  
Total due

Approval inspection date within **March 1 – Aug 31** - (initial **only**)

Total number of vehicle decals ordered: \_\_\_\_\_ X \$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: \_\_\_\_\_ X \$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.

\_\_\_\_\_ Date: \_\_\_\_\_  
Print name

\_\_\_\_\_

Signature  
Title:  Owner  President  Partner  Corporate Designee/Agent

**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.> \_\_\_\_\_

**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).

\_\_\_\_\_  
Taxpayer number

\_\_\_\_\_  
EIN number

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

**Partnership**   
 **LP**   
 **LLP**   
 **LTD**

Effective date of partnership: \_\_\_\_\_

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Name of partnership

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Partner name

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Partner name

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Partner name

**Corporation**   
 **LLC**

Date & Place of Incorporation: \_\_\_\_\_

Name of corporation: \_\_\_\_\_

President's name: \_\_\_\_\_

Officer name: \_\_\_\_\_

Officer name: \_\_\_\_\_

Name of registered agent: \_\_\_\_\_

**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: \_\_\_\_\_

Tankers	File # (Office Use Only)	Vehicle Identification Number (Required - to be completed by applicant)	Decal Number (Office Use Only)	Inspection Approval (Office Use Only)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**This sheet must be included with the initial application and required fee.**