

**MUST BE COMPLETED AND MAILED (WITH APPLICATION) TO ADDRESS BELOW**

**TEXAS DEPARTMENT OF PUBLIC SAFETY  
NARCOTICS SERVICE**

**CONSENT TO INSPECT**

**COMPANY NAME** \_\_\_\_\_

**PHYSICAL ADDRESS** \_\_\_\_\_  
(Must be the same as the physical address of company listed on Page 1.)

**CITY** \_\_\_\_\_ **ST.** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE ( )** \_\_\_\_\_

**Any member of the Texas Department of Public Safety or any peace officer has my consent to inspect any record concerning the purchase, sale, furnishing or transferring of any controlled precursor chemical or laboratory apparatus at any reasonable time during normal working hours. I will not interfere with the inspection or copying of records during the course of these duties.**

\_\_\_\_\_  
**SIGNATURE OF COMPANY REPRESENTATIVE**

**DATE** \_\_\_\_\_

\_\_\_\_\_  
**PRINT NAME**

**PERMIT NUMBER** \_\_\_\_\_

**MAIL TO: Narcotics Service - PC/LA Section MSC-0433, DPS, PO Box 4087, Austin, Texas 78773-0433**

**EMAIL: precursor.chemical@txdps.state.tx.us**