



- MUST USE MOST **CURRENT** FORM
- **TYPED** PREFERRED OR **PRINT** CLEARLY
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

For DPS Use Only

**APPLICATION FOR DISABLING/RE-ENABLING METALS REGISTRATION**

**I am applying to:**

DISABLE  Re-enable

|  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Disable/Re-enable User</b> | <input type="checkbox"/> <b>Disable/Re-enable Business/Certificate</b> | <input type="checkbox"/> <b>Disable/Re-enable User &amp; Business/Certificate</b> |
| Metal Registration Number:                             | Expiration Date:   | Owner Name:   |

**APPLICANT INFORMATION**

|   |             |                |  |
|---|-------------|----------------|--|
| Last Name:  | First Name: | Middle Name:   | Suffix: (IF ANY)   |
| Business Name:  |             | Email Address: |  |
| User ID (if applicable):  |             |                |  |
| Relationship to Business:   |             |                |  |
| Registered Business Address:<br><small>(Physical Address required, if using PObox.)</small>                       |             |                |  |
| City:   | State       | ZIP Code:      | County:  |
| Phone Number Type:<br><input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Home | Number:     | ext.           | International Phone # <input type="checkbox"/> Yes <input type="checkbox"/> No |

**DISABLE/RE-ENABLE USER INFORMATION**

| Name of Users (Last, First, M.) | Email Address of Users | Login User ID of Users |
|---------------------------------|------------------------|------------------------|
|                                 |                        |                        |
|                                 |                        |                        |

**DISABLE/RE-ENABLE BUSINESS/CERTIFICATE INFORMATION**

| Certificate ID number for Location | Location Physical Street Address (no P.O. Box) | Location City, State, Zip |
|------------------------------------|--|---------------------------|
|                                    |  |                           |
|                                    |  |                           |

**REASON FOR REQUEST**

I verify the information provided below is true and correct, and I understand any required fee is **non-refundable**. I also understand this is an official government record and any missing information and/or false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

(Printed Name and Title)

**Consent to Inspect:** Signature of the applicant or authorized individual further grants the director or his designee, the right to enter and to inspect the premises or any records required to be kept.

*Note: Applicant is not required to submit Page 2 of this form.*

**Online Payment Instructions**

There is not a fee for this form. But a renewal of previously disabled certificate will require all applied fees as normal. Any late fees applied to renewal fee of previously disabled certificate are subject to discussion and/or refund.

**Submission Options**

- Email: [Contact Us](#), with "Application to Disable / Re-Enable Metals Registration" in the subject line
- Fax: (512) 424-5774
- Mail: **Texas Department of Public Safety  
Metals Registration Program  
P.O. Box 4087  
Austin, Texas 78773-0001**