



Personnel List – Limited Terminal Distributor Licenses

This form must be submitted with an initial application in the eLicense system. An updated personnel list must be maintained on-site for inspection by an agent of the Board.

TDDD License Number (leave blank if new application): [input box]

Location Name: [input box]

Date: [input box]

List the name, professional license number, type of professional license or certification level (if applicable), and expiration date of the license or certification. You may create your own list (i.e., Excel spreadsheet) if it contains all the information on this form.

(Ex. Type of license/Certification Level - RN, MD, ADVANCED EMT [EMT-I], PARAMEDIC)

Table with 4 columns: NAME, PROFESSIONAL LICENSE NUMBER, TYPE OF LICENSE / CERTIFICATION LEVEL, EXPIRATION DATE. Multiple empty rows for data entry.

Duplicate this form as necessary

