



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
OFFICE OF CONTROLLED SUBSTANCES

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

CONTROLLED SUBSTANCES APPLICATION FOR FACILITIES

For Office Use Only:

DE License #	DEA Check	Office Approval	Inspection	Registration #
--------------	-----------	-----------------	------------	----------------

TYPE OF APPLICATION

1. Show whether you are applying for a new registration or reapplying (check one):

- Applying for a new or additional registration.
- Reapplying* due to relocation. Enter current registration number: _____
- Reapplying* for registration due to change of ownership. Enter current registration number: _____

2. Show the type of registration you are applying for (check one):

- Pharmacy (PH) Hospital/Clinic (HC) Provider Pharmacy Facility (PF)
- Distributor/Manufacturer (DM) Research/Laboratory (RL)

3. Show the registration schedule(s) you are applying for:

- Schedule I Schedule II Schedule III Schedule IV Schedule V

FACILITY INFORMATION

4. Name: _____

5. **Location Address** (*NO PO Boxes*): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

6. **Mailing Address** (*if different from physical location*): _____

City: _____ State: _____ Zip Code: _____

7. Delaware Professional License No: _____

8. Federal DEA No: _____

PRACTICE INFORMATION

9. What type of business is the applicant? (*Check one.*)

- Proprietorship Partnership Corporation (State of Incorporation) _____
- Other (specify) _____

10. List DEA registration numbers of all manufacturers, distributors, researchers or laboratories.

11. List name and address of person having administrative or managerial responsibility for the registered location.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

12. List name and address of registered agent (*corporation*) upon whom orders may be served (*if non-resident proprietor or partner*).

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

13. List name, title and residence address of each proprietor, general partner, corporate officer (President, Secretary, Chief Executive Officer) and principal shareholder(s) (owner of 10% or more of outstanding common stock). *Attach additional sheets if necessary.*

NAME AND TITLE

RESIDENCE ADDRESS

NAME AND TITLE	RESIDENCE ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DISCLOSURES

14. Have any of the officers and owners of the applicant listed in Question 13 or any pharmacists ever been convicted of a felony or misdemeanor under state or federal law relating to the manufacture, distribution or dispensing of controlled substances? Yes No **If yes, attach a letter explaining the circumstances of such action.**

15. Has any previous registration under the Controlled Substances Act (state or federal) held by the applicant, corporation or firm or any officer or owner of the applicant listed in Question 13 ever been surrendered, revoked, suspended, denied or is pending such action? Yes No **If yes, attach a letter explaining the circumstances of such action.**

16. Does the applicant intend to routinely dispense controlled substances? Yes No

17. Does the applicant intend to store controlled substances for patient administration? Yes No **If yes, an inspection of the premises must be conducted before a Controlled Substance Registration will be issued.**

18. Does the applicant propose to manufacture, distribute or conduct research in the individual controlled dangerous substances Schedules I and II? Yes No **If yes, list the applicable controlled dangerous substances below.**

To assure consideration of your registration application, the OCS office must receive all of these items:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The OCS office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 3-4 weeks to receive your license.

AFFIDAVIT

I hereby certify that the facts stated in this application, including the statements on the attached schedule, are true, complete and correct and that application is made to obtain a biennial registration pursuant to the Uniform Controlled Substances Act.

I agree to abide to the laws of Delaware and the federal government.

Signature of Applicant

Date

Printed name of Applicant

Title

Sworn to before me and subscribed in my presence this _____ day of

_____, in the year of _____

Signature of Notary

Notary Seal

APPLICATIONS THAT ARE NOT SIGNED, NOTARIZED OR ACCOMPANIED BY THE REQUIRED FEE WILL BE RETURNED AS INCOMPLETE.