

Washington State Department of Fish and Wildlife Controlled Substance Limited Registration Application Packet

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Substance Limited Registration [WAC 246-887-220 thru 290](#)
Application.....2 pages

In order to process your request:

Mail your application with Initial documentation and your check sent or money order payable to:

Department of Health
PO Box 1099
Olympia, WA 98507-1099

Send other documents not with initial application to:

Pharmacy Board
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700

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Drug Fish and Wildlife Registration Checklist & Instructions

Indicate type of application – New, change of location or change in primary registrant.

Change of Location – Changing the location address of field office where drugs are stored. Be sure to include your current license number.

Section #1: Demographic Information:

Facility/Agency Name: Enter the agency's name as identified by the Department of Fish and Wildlife.

Physical Address: Enter the agency field office physical street location including city, state, zip, and county.

Phone and Fax Numbers: Enter the field office/location phone and fax number.

Mailing Address: Enter the field office/location mailing address, if different than the physical address.

Section #2: Facility Specific Information:

Drug Enforcement Administration (DEA) Registration Number: Enter your DEA number in the space provided.

Background Questions: Check yes. If you check yes, list and explain on a separate sheet of paper.

Section #3: Key Individuals:

Enter name, title, phone number, fax number, and email address.

Section #4: Primary Registrant Information:

Provide the primary registrant name, email/home address, home phone number, and date of birth. Authority to possess and administer controlled substances are limited to Department of Fish and Wildlife officers, biologist and veterinarians

Signature:

Signature of primary registrant or authorized representative or authorized representative.

Date signed.

Print name of primary registrant or authorized representative or authorized representative.

Print title of primary registrant or authorized representative or authorized representative.

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Date
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Check One

This is for: New Change of Location – Current License # _____
 Change in Primary Registrant _____

1. Demographic Information

Facility/Agency Name (Business name as advertised on signs or Web site)	Email Address
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Physical Address of Field Office

City	State	Zip	County
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Phone# ()	Fax# ()
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Mailing Address (If different than physical address)

City	State	Zip	County
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2. Facility Specific Information

Drug Enforcement Administration (DEA) Information

Drug Enforcement Administration (DEA) Registration Number _____

Background Questions Yes No

1. Have any persons associated with this registration had a suspension, revocation, or restriction of a professional license? Yes No
 If yes, list and explain on a piece of paper.

2. Have any persons associated with this registration been found guilty of a drug or controlled substance violation? Yes No
 If yes, list and explain on a piece of paper.

3. Key Individuals

Contact Person Name	Title	Telephone Number ()	Email Address
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Contact Person Name	Title	Telephone Number ()	Email Address
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4. Primary Registrant Information

Primary Registrant Name	Email Address
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Home Address	City	State	Zip
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Home Phone Number ()	Work Phone Number ()
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Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Signature of Primary Registrant/Authorized Representative

Date

Print Name

Print Title