Washington State Department of Health

Poison Manufacturer and Poison Distributor License Application Packet

Contents:

1. 690-163 ..... Contents List/Mailing Instructions ..... 1 page
2. 690-164 ..... Application Instructions Checklist ..... 2 pages
3. 690-165 ..... Poison Manufacturer and Poison Distributor License Application ..... 2 pages
4. RCW/WAC and Online Web Site Links ..... 1 page

In order to process your request:

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

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Pharmacy Quality Assurance
Commission Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

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Application Instructions Checklist

When your application for poison manufacturer or poison distributor license is received by the Department of Health, you will be notified in writing of any outstanding documentation needed to complete the application process.

Indicate type of application—New, change of ownership, change of location, or name change.

- **New**—First time requesting a poison manufacturer or poison distributor license.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of licensed poison manufacturer or poison distributor.
- **Change of Location**—Changing your location address. Include your current license number.
- **Name Change Only**—List your current facility name.

☐ **Check One:**
Please check your legal owner/operator business structure type according to your Washington State Master Business License.

☐ **Application Fees:**
Please check the appropriate application type - manufacturer or distributor.
Fees are non-refundable. You can check the online **fee page** for current fees.

☐ **1. Demographic Information:**

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI #'s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

Email and Web Address: Enter the owner's email and agency Web addresses, if you have them.

Facility/Agency Name: Enter the agency's name as advertised on signs, brochures or Web sites.

Physical Address: Enter the agency's physical street location including city, state, zip code, and county.

Phone and Fax Numbers: Enter the agency's phone and fax number.

Web Address: Enter the agency's web site address, if available.

Mailing Address: Enter the agency's mailing address, if different than physical address.

☐ **2. Facility Information:**

Type of Poison: Check all that apply.

Background Questions: Check yes or no and if you check yes, list and explain on a separate sheet of paper.

☐ **3. Contact Information:**

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

☐ **4. Additional Information:**

Corporation information: Enter date of incorporation, corporate number, and state of corporation.

Legal Owner: List the names, titles, addresses, and phone numbers of the corporate officers, partners, members, and managers. Attach additional completed pages if you need more space.

Change of Ownership Information: List the previous legal owner name, previous name of facility, previous license number, and effective date of ownership change.

☐ **Signature:**

Signature of legal owner or authorized representative.

Date signed.

Print name of legal owner or authorized representative.

Print title of legal owner or authorized representative.

Washington State Department of Health

Date Stamp Here

Fees (check all that apply)
Application Type:
☐ Poison Distributor License ..... fee
☐ Poison Manufacturer License ..... fee
All application fees are nonrefundable
You can check the online **fee page** for current fees.

Revenue: 0262010000

Poison Manufacturer and Poison Distributor License Application

This is for: ☐ New ☐ Change of Ownership ☐ Change of Location—Current License # _____

☐ **Name Change Only**—Current Facility Name _____

Check One

☐ Association
☐ Corporation
☐ Federal Government Agency
☐ Limited Liability Company
☐ Limited Liability Partnership
☐ Limited Partnership
☐ Municipality (City)
☐ Municipality (County)
☐ Non-Profit Corporation
☐ Partnership
☐ Sole Proprietor
☐ State Government Agency
☐ Tribal Government Agency
☐ Trust

1. Demographic Information

UBI #	Federal Tax ID (FEIN) #

Legal Owner/Operator Name
Mailing Address

City	State	Zip Code	County

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Email Address

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

City	State	Zip Code	County

Facility Phone (enter 10 digit #)	Fax (enter 10 digit #)	Email Address:

Mailing Address (If different than physical address)

City	State	Zip Code	County

2. Facility Information

Type of Poison (Check all that apply)

☐ Arsenic ☐ Strychnine ☐ Cyanide ☐ Other (please specify) _____

Background Questions	Yes	No
1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? If yes, list and explain on a separate sheet of paper.	☐	☐
2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? If yes, list and explain on a separate sheet of paper.	☐	☐

3. Contact Information

Contact Person		Phone (enter 10 digit #)	Email Address
Name	Title		

4. Additional Information

Date of Incorporation	Corporate Number	State of Corporation

Legal Owner Information–attach additional completed pages if you need more space.

List names, addresses, phone numbers, and titles of corporate officers, partners, members, and managers.

Name	Address	Phone (enter 10 digit #)	Title

Change of Ownership Information

Previous Name of Legal Owner

Previous Name of Facility	Previous Pharmacy License #	Effective Date of Ownership Change

Signature

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

Signature of Owner/Authorized Representative Date

Print Name Print Title

Washington State Department of Health

RCW/WAC and Online Web Site Links

RCW/WAC Links

Uniform Disciplinary Act, RCW 18.130

Administrative Procedure Act, RCW 34.05

Administrative procedures and requirements, WAC 246-12

Pharmacy Laws, RCW 18.64

Pharmacy Rules, WAC 246-879

On-Line

AIDS Training Resources, Reference Page

Pharmacy Quality Assurance Commission, Web Page