

## **Drug Precursor Chemicals Registration Application Packet:**

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### **Important Information:**

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

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

**Send other documents not sent with initial application to:**

Pharmacy Board  
PO Box 47877  
Olympia, WA 98504-7877

**Contact us:**

360.236.4700



Washington State Department of  
**Health**  
Revenue Section  
P.O. Box 1099  
Olympia WA 98507-1099  
360.236.4700

## **Drug Precursor Chemicals Registration Application Instructions Checklist**

**Application Fee.** (This fee is non-refundable). You can check the [fee page](#) for current fees.

**Indicate type of application** – new, change of ownership, change of location, or name change.

**New** – First time requesting a pharmacy license.

**Change of Ownership** – When name of legal owner/operator changes resulting from the sale of licensed agency.

**Change of Location** – Changing the location address of pharmacy. Be sure to include your current license number.

**Name Change Only** – Changing the name of your pharmacy. Be sure to list your current facility name.

**Check One:**

Check your legal owner/operator business structure type according to your Washington State Master Business License.

**Section #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 (responsible for day to day operations) as it appears on the UBI/Master Business License or Federal ID Number.

**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 applicable.

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

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

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

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

**Section #2: Facility Specific Information:**

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

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

**Section #3: Key Individuals:**

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

**Section #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, member, managers, etc. Attach more sheets, if necessary.

**Change of Ownership Information:** If applicable, list the previous legal owner name, previous name of facility, previous license #, effective date of ownership change and physical address.

**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

Revenue Section  
P.O. Box 1099  
Olympia WA 98507-1099  
360.236.4700

Date  
Stamp  
Here

Fee
<input type="checkbox"/> Drug Precursor Chemicals Registration. Check the <a href="#">fee page</a> for current fees. <b>All application fees are nonrefundable</b>

Revenue: 0262010000

### Drug Precursor Chemicals Registration

This is for:  New     Change of Ownership     Change of Location – Current License # \_\_\_\_\_  
 **Name Change Only (Reissue fee)**    Current Facility Name \_\_\_\_\_

#### Check One

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Association                   | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Federal Government Agency     | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust                    |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership            |   |

#### 1. Demographic Information

UBI #	Federal Tax ID (FEIN) #
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Legal Owner/Operator Name

Mailing Address

City	State	Zip	County
------	-------	-----	--------

Phone# ( )	Fax# ( )
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Email Address	Web Address:
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Facility/Agency Name (Business name as advertised on signs or Web site)

Physical Address

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

### 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.

### Drug Enforcement Administration (DEA) Registration Number

Enter DEA # \_\_\_\_\_

## 3. Key Individuals

Contact Person Name	Title	Telephone Number ( )	Email Address
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## 4. Additional Information

Date of Incorporation	Corporate Number	State of Corporation
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### Legal Owner Information—attach additional sheets as needed

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

Name	Address	Phone #	Title

### Change of Ownership Information

Previous Name of Legal Owner		
Previous Name of Facility	Previous Pharmacy License #	Effective Date of Ownership Change
Physical Address		

Provide a full description of any substances to be sold, transferred, received, or furnished. Reports of all transactions involving substances listed under [RCW 69.43.010](#) must be reported to the Washington State Board of Pharmacy by filling out the [Reporting Form](#).


**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