



STATE OF WASHINGTON  
Pharmacy Quality Assurance Commission  
PO Box 47852 • Olympia, Washington 98504-7852  
Tel: 360-236-4030 • 711 Washington Relay Service

**Attestation of Exemption from Suspicious Order Reporting  
Requirements under WAC 246-945-585**

Wholesalers may apply to the Pharmacy Quality Assurance Commission for an exemption from the suspicious order reporting requirements in WAC 246-945-585 if they do not distribute controlled substances or drugs of concerns.

This Attestation of Exemption from Suspicious Order Reporting Requirements under WAC 246-945-585 (“Attestation”) is submitted by:

Legal Name: \_\_\_\_\_

State Wholesaler License Number: \_\_\_\_\_

Wholesaler Address: \_\_\_\_\_

By submitting this Attestation, \_\_\_\_\_ [Company Name and State Wholesaler License Number] attest that we do not distribute controlled substances or drugs of concerns into the State of Washington.

Please submit to [hsqafc@doh.wa.gov](mailto:hsqafc@doh.wa.gov) and use the following naming convention:  
Legal Name\_License Number\_Exemption Attestation\_Date.

The individual who signs this Attestation below on behalf of the named wholesaler represents that he or she has authority to attest on behalf of the named wholesaler.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature  
(Electronic Signature please place /s/ before Name)

\_\_\_\_\_  
Date

**PLEASE NOTE:** If your company begins to distribute controlled substances or drugs of concern at any time after submission of this Exemption Letter of Attestation, this document will no longer be in effect. In addition, you must comply with WAC 246-945-585.