



Washington State Department of

Health

Pharmacy Quality Assurance Commission

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

Automated Drug Dispensing Device (ADDD) Location Form

This form must be submitted by pharmacies and nonresident pharmacies using automated drug dispensing devices (ADDD).

Pharmacy or Non-Resident Pharmacy Information:

- List the name, credential number, address and phone number of the pharmacy or non-resident pharmacy that has locations where ADDDs are serviced or managed.

Responsible Manager:

- List the name and credential number of the responsible manager of the pharmacy or non-resident pharmacy listed.

Facility Location of ADDD:

- List the name, physical address of the building or facility and credential number of each location where the pharmacy or non-resident pharmacy has ADDDs.

Please print and mail this form to the address list above.

Pharmacy or Non-Resident Pharmacy Information		
Pharmacy or Non-Resident Pharmacy Name		Credential Number
Address		Phone (enter 10 digit number)
City	State	Zip Code
Name of Responsible Manager		Credential Number
Responsible Manager Signature _____		Date _____
Facility Location of ADDD		
Facility Name		Credential Number if applicable
Address		
City	State	Zip Code
Facility Location of ADDD		
Facility Name		Credential Number if applicable
Physical Address		
City	State	Zip Code

Facility Location of ADDD		
Facility Name		Credential Number if applicable
Physical Address		
City	State	Zip Code
Facility Location of ADDD		
Facility Name		Credential Number if applicable
Physical Address		
City	State	Zip Code
Facility Location of ADDD		
Facility Name		Credential Number if applicable
Physical Address		
City	State	Zip Code
Facility Location of ADDD		
Facility Name		Credential Number if applicable
Physical Address		
City	State	Zip Code
Facility Location of ADDD		
Facility Name		Credential Number if applicable
Physical Address		
City	State	Zip Code
Facility Location of ADDD		
Facility Name		Credential Number if applicable
Physical Address		
City	State	Zip Code

Please duplicate as needed.