Drug Precursor Chemicals Registration Application Packet:

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2. 690-178 ....Drug Precursor Chemicals Registration Application Instructions
   Checklist................................................................................................................. 2 Pages
3. 690-179 ....Drug Precursor Chemicals Registration Application......................... 3 Pages

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
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.
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

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

1. Demographic Information

UBI #  Federal Tax ID (FEIN) #

Legal Owner/Operator Name

Mailing Address

City  State  Zip  County

Phone#  Fax#
(   )  (   )

Email Address  Web Address:

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

Physical Address

City  State  Zip  County

Phone#  Fax#
(   )  (   )

Mailing Address (If different than physical address)

City  State  Zip  County

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

Revenue: 0262010000

Fee

☐ Drug Precursor Chemicals Registration.
Check the fee page for current fees.
All application fees are nonrefundable

Revenue Section
P.O. Box 1099
Olympia WA 98507-1099
360.236.4700
### 2. Facility Specific Information

#### Background Questions

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>![Yes]</td>
<td>![No]</td>
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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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Telephone Number</th>
<th>Email Address</th>
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<tbody>
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</table>

#### 4. Additional Information

<table>
<thead>
<tr>
<th>Date of Incorporation</th>
<th>Corporate Number</th>
<th>State of Corporation</th>
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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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone #</th>
<th>Title</th>
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</table>

#### Change of Ownership Information

<table>
<thead>
<tr>
<th>Previous Name of Legal Owner</th>
<th>Previous Name of Facility</th>
<th>Previous Pharmacy License #</th>
<th>Effective Date of Ownership Change</th>
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<table>
<thead>
<tr>
<th>Physical Address</th>
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</table>
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](#).

<table>
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<tr>
<th>Signature</th>
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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

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