Washington State Department of Fish and Wildlife
Controlled Substance Limited Registration
Application Packet

Contents:
1. 690-184 ...Contents List/Mailing Information ..................................................... 1 page
2. 690-185 ...Application Instructions Checklist ..................................................... 1 page
3. 690-186 ...Washington State Department of Fish and Wildlife Controlled Substance Limited Registration Application
   WAC 246-886-220 through 230 ............................................................................. 2 pages
4. RCW/WAC and Online Website Links ............................................................... 1 page

In order to process your request:
Mail your application with Initial documentation and your check money order payable to:
Department of Health
P.O. Box 1099
Olympia, WA  98507-1099

Send other documents not sent or with initial application to:
Pharmacy Quality Assurance Commission
P.O. Box 47877
Olympia, WA  98504-7877

Contact us:
360-236-4700
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Application Instructions Checklist

Indicate type of application – New, change of location or change in primary registrant.

Change of Location – Changing the location address of field office where drugs are stored. Be sure to include your current license number.

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

☐ Application Fees: 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 they 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.
   Email address: Enter the agency’s email address if available.
   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.

☐ 2. Facility 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 the federal DEA registration number if dispensing controlled substances. Enter “pending” if the Drug Precursor Chemicals Registration has not been issued its DEA registration number.
3. Contact Information:
Enter name, title, phone number, fax number, and email address.

4. Primary Registrant Information:
Provide the primary registrant name, email/home address, home phone number, and date of birth. Authority to possess and administer controlled substances are limited to Department of Fish and Wildlife officers, biologist and veterinarians.

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 Fish and Wildlife
## Controlled Substance Limited Registration Application

### This is for:
- [ ] New
- [ ] Change of Location – Current License #______________________
- [ ] Change in Primary Registrant ________________________________

### 1. Demographic Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>UBI #</td>
<td></td>
</tr>
<tr>
<td>Federal Tax ID (FEIN) #</td>
<td></td>
</tr>
<tr>
<td>Legal Owner/Operator Name</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone (enter 10 digit #)</td>
<td>Fax (enter 10 digit #)</td>
</tr>
<tr>
<td>Facility/Agency Name (Business name as advertised on signs or Web site)</td>
<td></td>
</tr>
<tr>
<td>Physical Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Facility Phone (enter 10 digit #)</td>
<td>Fax (enter 10 digit #)</td>
</tr>
<tr>
<td>Mailing Address (If different than physical address)</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
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</table>
2. **Facility Information**

**Drug Enforcement Administration (DEA) Registration Number**

DEA Number: ________________________________

**Background Questions**

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<th>Yes</th>
<th>No</th>
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</table>

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**

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Phone (enter 10 digit #)</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Title</td>
<td></td>
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</table>

<table>
<thead>
<tr>
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<th>Phone (enter 10 digit #)</th>
<th>Email Address</th>
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<tbody>
<tr>
<td>Name</td>
<td>Title</td>
<td></td>
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<tr>
<td></td>
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</tbody>
</table>

4. **Primary Registrant Information**

<table>
<thead>
<tr>
<th>Primary Registrant Name</th>
<th>Email Address</th>
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</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone (enter 10 digit #)</td>
<td>Work Phone (enter 10 digit #)</td>
</tr>
</tbody>
</table>

**Signature**

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

Signature of Owner/Authorized Representative of Pharmacy  Date

Print Name  Print Title
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