Drug Dog Handlers Registration Application Packet

Contents:
1. 690-190 ...Contents List/Mailing Information ....................................................1 Page
2. 690-191 ...Application Instructions Checklist ..................................................2 Pages
3. 690-192 ...Drug Dog Handlers Registration Application .................................3 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 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 Quality Assurance
Commission Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:
360-236-4700
(This page intentionally left blank.)
Application Instructions Checklist

When your application for Drug Dog Handlers Registration is received by the Department of Health, you will be notified in writing of any outstanding documentation needed to complete the application process.

Indicate type of application—New, change of ownership, change of location, or name change.

- **New**—First time requesting a Drug Dog Handlers Registration.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of your Drug Dog Handlers Registration.
- **Change of Location**—Changing the location address of your Drug Dog Handlers Registration. Include your current license number.
- **Name Change Only**—List your current facility name.

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

☐ Application Fee: 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.

Drug Enforcement Administration (DEA) Registration Number: Enter the federal DEA registration number if dispensing controlled substances. Enter “pending” if the facility has not been issued its DEA registration number.

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

Mailing Address: Enter the owner’s complete mailing address.
2. Controlled Substances:
List the controlled substances that will be used.

3. Key Individuals:
Enter name, title, phone number, fax number, and email address.

4. Primary Registrant:
Enter name, registration date and date of appointment.

5. 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 additional sheet, 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 Dog Handlers Registration

This is for:   [ ] New    [ ] Change of Ownership    [ ] Change of Location—Current License #   [ ] Name Change Only (Duplicate fee.)—Current Facility Name

**Check One**

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

### 1. Demographic Information

<table>
<thead>
<tr>
<th>UBI #</th>
<th>Federal Tax ID (FEIN) #</th>
</tr>
</thead>
</table>

Legal Owner/Operator Name

Mailing Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
</table>

Phone (enter 10 digit #)    Fax (enter 10 digit #)    Email Address

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

Physical Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
</table>

Facility Phone (enter 10 digit #)    Fax (enter 10 digit #)    Email Address:

Mailing Address (If different than physical address)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
</table>
### 2. Controlled Substances

List the controlled substances that will be used.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. Key Individuals

Contact Person: Name

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

Contact Person: Name

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

### 4. Primary Registrant

<table>
<thead>
<tr>
<th>Name</th>
<th>Registration Date</th>
<th>Date of Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5. Additional Information

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

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 (10 digit #)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DOH 690-192 April 2013
### Change of Ownership Information

<table>
<thead>
<tr>
<th>Previous Name of Legal Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Name of Facility</th>
<th>Previous Facility Registration #</th>
<th>Effective Date of Ownership Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### 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 (mm/dd/yyyy)

______________________________  ________________________
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*