Drug Other Controlled Substance Registration Application Packet

Contents:
1. 690-159..... Contents List/Mailing Information .............................................. 1 Page
2. 690-160..... Application Instructions Checklist ............................................ 2 Pages
3. 690-193..... Drug Other Controlled Substance 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
P.O. Box 1099
Olympia, WA  98507-1099

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

Contact us:
360-236-4700
Drug Other Controlled Substance Registration 
Application Checklist and Instructions

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

• **New**—First time requesting a controlled substance registration.

• **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of licensed agency.

• **Change of Location**—Change the location address. Be sure to include your current license number.

• **Name Change Only**—Changing the name of your organization. Be sure to 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 Fees:** Check one; with controlled substance or without controlled substance. 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.

**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.

**Email Address:** Enter the agency’s email address, if available.
☐ 2. Facility Specific Information:
   Check Facility Type:
   • Analytical labs
   • Methadone treatment facility
   • School laboratories

   Background Questions: Check yes or no and if you check yes, list and explain on a separate sheet of paper.

   Drug Enforcement Administration (DEA) Number: Enter your DEA number

☐ 3. Key Individuals:
   Enter name, title, telephone number, and email address.

☐ 4. Primary Registrant Information:
   Enter name, telephone number, 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 Other Controlled Substance Registration Application

This is for:  
- [ ] New
- [ ] Change of Location-Current License #  __________________________________________________________________________________
- [ ] Name Change Only (Reissue 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>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facility/Agency Name (Business name as advertised on signs or Website)**

**Physical Address**

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

**Phone (enter 10 digit #)**  Fax (enter 10 digit #)

**Email Address**  Web Address

**Facility Phone (enter 10 digit #)**

**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>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*All application fees are nonrefundable.*

*Check the [fee page](#) for current fees.*

*This is for:*  
- [ ] New
- [ ] Change of Location-Current License #  __________________________________________________________________________________
- [ ] Name Change Only (Reissue Fee) - Current Facility Name ____________________________________________________

*Check One*

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

*Drug Other Controlled Substance Registration Application*

*Revenue: 0262010000*

*DOH 690-193 January 2017 Page 1 of 3*
2. **Facility Specific Information**

Check One:
- [ ] Analytical Labs
- [ ] Methadone Treatment Facility
- [ ] School Laboratories

### Background Questions

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license?</td>
<td></td>
</tr>
<tr>
<td>If yes, list and explain on a separate sheet of paper.</td>
<td></td>
</tr>
<tr>
<td>2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation?</td>
<td></td>
</tr>
<tr>
<td>If yes, list and explain on a separate sheet of paper.</td>
<td></td>
</tr>
</tbody>
</table>

**Drug Enforcement Administration (DEA) Number**

Enter Drug Enforcement Administration (DEA) # ____________________________

3. **Key Individuals**

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

4. **Primary Registration**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone (enter 10 digit #)</th>
<th>Date of Appointment</th>
</tr>
</thead>
</table>

5. **Additional Information**

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

**Change of Ownership Information**

<table>
<thead>
<tr>
<th>Previous Name of Legal Owner</th>
<th>Previous Pharmacy License #</th>
<th>Effective Date of Ownership Change</th>
</tr>
</thead>
</table>

<p>| Physical Address |</p>
<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Owner/Authorized Representative of Pharmacy</td>
<td></td>
</tr>
<tr>
<td>Print Name</td>
<td>Print Title</td>
</tr>
</tbody>
</table>
RCW/WAC and Online Website 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