



6) Federal Tax ID No.: (Required by M.G.L. c. 30A, s. 13A)				
7) Massachusetts Controlled Substances Registration No. (For renewal applications):				
8) Massachusetts Department of Public Health Ambulance Service License No.:				
9) Ambulance Classification (check all that apply):				
<input type="checkbox"/> ALS-Paramedic: Schedules II, IV, VI <input type="checkbox"/> ALS-Paramedic: Schedule III-Ketamine <input type="checkbox"/> ALS-Advanced: Schedule VI only <input type="checkbox"/> BLS-Basic: Schedule VI only				
<b>*Schedule VI includes all prescription drugs not in Schedules II – V, including Epinephrine and Naloxone.</b>				
10) Name and Address of hospital pharmacy supplying emergency medication:				
11) Total number at this location of:	a) All EMTs	b) EMT-Basics	c) Advanced EMTs	d) Paramedics
12) Describe the manner in which all controlled substance drug products will be secured:				
13) Describe the frequency and how the controlled substance drug products will be replenished:				
14) I have enclosed a copy of the service's hospital affiliation agreement and a copy of the department or service's drug security policies. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
15) Has the applicant ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? <span style="float: right;"><input type="checkbox"/> Yes * <input type="checkbox"/> No</span>				
16) Has any professional license or registration held by the applicant under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending? <span style="float: right;"><input type="checkbox"/> Yes * <input type="checkbox"/> No</span>				
* A "Yes" to Question No. 15) or No. 16) requires a letter of explanation to be attached to this application.				

I hereby certify that the information on this application is true to the best of my knowledge, and that the applicant will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, section 49A, that the applicant has to the best of my knowledge and belief complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.  
Signed under the pains and penalties of perjury.

Signature of authorized individual \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

For Office Use Only	
Application approved by:	Comments:
Date:	