The state of the s	Commonwealth of Massachusetts Department of Public Health, Bureau of Health Professions Licensure, Drug Control Program 250 Washington Street, Boston, MA 02114 Telephone 617-973-0949 Fax 617-753-8233					
	Application for Massachusetts Controlled Substances Registration for Analytical Laboratories					
 Please be sure to: Submit completed application. Enclose check or money order for \$300 made payable to "Commonwealth of Massachusetts". Have form signed (not initialed) and dated. Mail to the address above. Incomplete applications will be returned and will cause a delay in issuance of the MCSR. For further information, visit: http://www.mass.gov/dph/dcp 						
App	plication Type: (Please select one)					
In t	the boxes below enter the requested information.					
1)	Applicant: (Facility Name)					
2)	Applicant Business Address: (Applications that include a P.O. Box number without a street address cannot be processed.)					
	Street:					
	City: State: ZIP:					
3)	Applicant Mailing Address (If different):					
	Street:					
	City: State: ZIP:					
4)	Business Telephone No.: ()					
5)	area code Federal Tax ID No.: (Required by M.G.L. c. 30A, s. 13A)					
6)	DEA Controlled Substance Registration No. (If possessed):					

7) Drug Schedules requested:

Select all that apply:	ΠI		🗆 IV	ΠV	🗆 VI

SCI	nedule VI includes all	prescription ar	ugs not in Schedul	es II - V. Oni	y Schedules that al	re checked can be aut	norized.
8)	Has the applicant ev	ver been convid	ted of any violation	n of State or	Federal law relating	g to the manufacture,	possession

distribution or dispensing of controlled substances? □ Yes * 🗆 No 9) 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? □ Yes * No * A Yes response to Question No. 8) or No. 9), requires a letter of eaplanation to be attached to the 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:	
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