



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Board of Registration in Pharmacy
 Bureau of Health Professions Licensure
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www.mass.gov/dph/boards/pharmacy

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

**APPLICATION FOR MA CONTROLLED SUBSTANCE REGISTRATION
 FEE: \$225.00**

I hereby apply for Registration under Mass. Controlled Substances Act-M.G.L. 94C Section 7.

Applicant Name (Corporation) _____

Business Address _____

(No. and Street)

 (City or Town)

 (State)

 (Zip Code)

Registration Classification:

(a) _____ Retail Drug Store (Pharmacy / Pharmacy Dept.)

(b) _____ Wholesale Distributor

(c) _____ Nuclear

FEIN Number: _____

Drug Schedule

FOR BOARD USE ONLY		
Cash _____	Check _____	
No. _____	Date _____	M.O. _____

Please check applicable controlled substance(s):

Schedule II Schedule III () Schedule IV () Schedule V () Schedule VI

() Non-Narcotic () Non-Narcotic

() Narcotic () Narcotic

If applicable, notate current Drug Store Permit Number: _____

If applicable, notate current Wholesale Distributor / Druggist License Number: _____

Signature of Applicant _____
(Owner of facility must sign application)

Name of Applicant whose signature appears above _____

Please submit check or money order for \$225.00 payable to the Commonwealth of Massachusetts.

WARNING:

In accordance with Chapter 94 M.G.L. Sec 13, the Board of Registration in Pharmacy in the case of a retail drug business or wholesale druggist, may suspend or revoke a registration to manufacture, distribute, dispense or possess a controlled substance after a hearing pursuant to the provisions of Chapter 34A and upon finding that the registrant has furnished false or fraudulent information in any application filed under the provisions of Chapter 94C.

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE