

Commonwealth of Massachusetts Department of Public Health, Bureau of Health Professions Licensure Drug Control Program 250 Washington Street, Boston, MA 02108 Telephone 617-973-0949 Fax 617-753-8233

Application for MA Controlled Substances Registration to Manufacture or Distribute Controlled Substances

 Please be sure to: Submit completed application form. Enclose check or money order for \$300 made payable to "Commonwealth of Massachusetts". <i>There is no fee to submit a form with amended information.</i> 		
Incomplete applications will be returned causing a del	lay in issuance of the registration. Only send copies of supporting	
documents. Originals will not be returned. For further	information visit: <u>http://www.mass.gov/dph/dcp</u>	
<u>ll</u>		
Application Type: (Please select one)	Renewal Amended Information (No fee)	
Registration Requested: Manufac	acture 🗅 Distribute	
In the boxes below enter the requested information.		
1) Applicant: (Company Name)		
2) Applicant Business Address: (An application with a	a P.O. Box number and no street address cannot be processed.)	
Street:		
City: State:	ZIP:	
City: State: 3) Applicant Mailing Address: (If different than above		
Street:		
Citru: Ctatas	710.	
City: State: 4) Business Telephone No.: ()	ZIP:	
area code		
5) Federal Tax ID No.: (Required by M.G.L. c. 30A, s	s. 13A)	
6) DEA Controlled Substance Registration No.: (If issued)		
7) Distributors check drug Schedules requested:		
Select all that apply: III III IV V VI		
Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized. 8) Manufacturers check drug Schedules requested for each applicable category:		
Bulk Manufacturer, Synthesizer, Extractor		
Dosage Form Manufacturer		
Repacker - Relabeler		
9) Has the applicant ever been convicted of any viola	ation of State or Federal law relating to the manufacture, possession,	
distribution or dispensing of controlled substances		

10) Has any professional license or registration issued to the applicant under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending?
 Yes * If you answered "Yes" to Question No. 9) or No. 10), a letter must be attached setting forth circumstances of such action(s).

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:

Application approved by:	Comments:
Date:	