



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
250 Washington Street, 3rd Floor
Boston, MA 02108

Tel: 617-973-0949
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www.mass.gov/orgs/massachusetts-controlled-substances-registration

**Massachusetts Controlled Substance Registration (MCSR)
Business Address Amended Information Form**

MCSR Business Address Amended Information Form Instructions

Please read the following information carefully before completing the form:

1. This form is only intended for Massachusetts Controlled Substance Registrants who wish to change their MCSR Business Address as shown on their Massachusetts Controlled Substance Registration.
2. This form does not apply to health care facility and research Massachusetts Controlled Substance Registrations.
3. All addresses, including MCSR Business Address, are subject to disclosure on request (MGL c. 4, s. 7).
4. Items with an asterisk are mandatory.
5. Attest to the form by signing and dating the third page. The Drug Control Program cannot accept amended information forms without a signature.
6. When complete, send the amended information form by either email, fax, or mail:

Email: MCSR@massmail.state.ma.us

Fax: 617-753-8233

Mail:

Bureau of Health Professions Licensure
Drug Control Program, Attn: MCSR
250 Washington Street, 3rd Floor
Boston, MA 02108

Carefully Print or Type the Following Information:

First Name*:	Last Name*:	MCSR Number*:

Select Your MCSR Type:

☐ Optometrist ☐ Podiatrist ☐ Veterinarian

MCSR Business Address
Your MCSR Business Address is considered public information and is displayed on the DPH Check a License (mass.gov) . If you are amending your MCSR Business Address to a residential address, or to an out-of-state address, a signed letter of explanation must accompany this form.
<p align="center">Print or type your amended MCSR Business Address:</p> <p>Organization/Company:</p> <p>Address Line 1:</p> <p>Address Line 2:</p> <p>Address Line 3:</p> <p>City/Town:</p> <p>State:</p> <p>Zip code:</p> <p>MCSR Business Phone Number:</p> <p>MCSR Email Address:</p>

I hereby certify that, under pains and penalties of perjury, all of the information submitted in this form, and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for MCSR revocation or denial of the MCSR and may subject me to civil or criminal penalties. My signature on this MCSR form attests under penalties of perjury that, to the best of my knowledge and belief, I have complied with: the laws of the Commonwealth of Massachusetts and all applicable rules and regulations of the Department of Public Health and the Drug Control Program.

Full Name: _____

Signature: _____

Date: _____