

## 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 Registration of Virtual Manufacture or Distributor of Controlled Substances

## Please be sure to:

- Submit completed application form.
- Enclose check or money order for \$300 made payable to "Commonwealth of Massachusetts".
   There is no fee to submit a form with amended information.
- Have form signed (not initialed) and dated.
- Mail to the address above.

	omplete applications will be returned suments. Originals will not be returned				gistration. Only send copies of supporting /www.mass.gov/dph/dcp		
Appli	ication Type: (Please select one)		New 🗖 Renewal		Amended Information (No fee)		
₹egis	stration Requested:		Virtual Manufacturer		☐ Virtual Distributer		
In the boxes below enter the requested information.							
1)	Applicant: (Company Name)						
2)	Applicant Business Address: (An app	licat	tion with a P.O. Box number	and	no street address cannot be processed.)		
	Street:						
	City:		State: Massachusetts		ZIP:		
3)	Applicant Mailing Address: (If different	ent tl	:han above)				
	Street:						
	City:		State:		ZIP:		
4)	Business Telephone No.: (	)	)				
<b>-</b> \	area coo	<u>e</u>					
5)	Email address:						
6)	Federal Tax ID No.: (Required by M.						
7)	DEA Controlled Substance Registration	on N	No.: (If issued)				
	Massachusetts.				lled substance within the Commonwealth of ☐ Yes ☐ No *		
9)	I certify that I will actively engage in days.	the	ongoing activity of Virtual M	lanuf	facturing and/or Distributing within the next 90  — Yes  — No *		
* If you answered "No" to Question No. 8) or No. 9) , you are not eligible for registration as a Virtual Manufacturer or Distributor.							
	distribution or dispensing of controlle	ed sı	substances?		I law relating to the manufacture, possession, ☐ Yes * ☐ No		
11)	Has any professional license or regis surrendered, revoked, suspended or				any name or corporate name or legal entity been ☐ Yes * ☐ No		
* If	you answered "Yes" to Question No.	10)	or No. 11), a letter must be	attac	ched setting forth circumstances of such action(s).		

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:		

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,