Washington State Department of HEALTH

Pharmacy Commission
P.O. Box 47877
Olympia WA 98507-7877
360-236-4700

Precursor Substance Receipt Report

This form must be submitted within 14 days of the receipt of substance.

1. Person or firm receiving precursor substance

Name: First, Middle and Last			Phone (enter 10 digit #)
Company Name			Phone (enter 10 digit #)
Physical Address			
City	State	Zip Code	County

2. Address where substance is delivered

Physical Address			
City	State	Zip Code	County

3. Name of precursor substance

Name of Precursor Substance	Quantity Transferred per Transaction	Date Transferred

4. Firm Supplying Precursor Substance

Company Name			Phone (enter 10 digit #)
Physical Address			
City	State	Zip Code	County

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.