



Washington State Department of Fish and Wildlife Controlled Substance Limited Registration Application Packet

Contents:

1. 690-184 ...Contents List/Mailing Information1 page
2. 690-185 ...Application Instructions Checklist.....1 page
3. 690-186 ...Washington State Department of Fish and Wildlife Controlled Substance Limited Registration Application
[WAC 246-945-507](#).....2 pages
4. RCW/WAC and Online Website Links.....1 page

In order to process your request:

Mail your application with Initial documentation and your check money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent or with initial application to:

Pharmacy Quality Assurance
Commission
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

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.

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Application Instructions Checklist

Indicate type of application – New, change of location or change in primary registrant.

Change of Location – Changing the location address of field office where drugs are stored. Be sure to include your current license number.

Check One:

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

Application Fees: Fees are non-refundable. You can check the online [fee page](#) for current fees.

1. Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI#'s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

Email and Web Address: Enter the owner's email and agency Web addresses, if they have them.

Facility/Agency Name: Enter the agency's name as advertised on signs, brochures or Web sites.

Physical Address: Enter the agency's physical street location including city, state, zip code, and county.

Email address: Enter the agency's email address if available.

Phone and Fax Numbers: Enter the agency's phone and fax number.

Mailing Address: Enter the agency's mailing address, if different than physical address.

2. Facility Information:

Background Questions: Check yes or no and if you check yes, list and explain on a separate sheet of paper.

Drug Enforcement Administration (DEA) Registration Number: Enter the federal DEA registration number if dispensing controlled substances. Enter "pending" if the Drug Precursor Chemicals Registration has not been issued its DEA registration number.

3. Contact Information:

Enter name, title, phone number, fax number, and email address.

4. Primary Registrant Information:

Provide the primary registrant name, email/home address, home phone number, and date of birth. Authority to possess and administer controlled substances are limited to Department of Fish and Wildlife officers, biologist and veterinarians

Signature:

Signature of legal owner or authorized representative.

Date signed.

Print name of legal owner or authorized representative.

Print title of legal owner or authorized representative.



Date Stamp Here

Fee
<input type="checkbox"/> Washington State Department of Fish and Wildlife Controlled Substance Limited Registration. Check the fee page for current fees. All application fees are nonrefundable

Revenue: 0262010000

Washington State Department of Fish and Wildlife Controlled Substance Limited Registration Application

This is for: New Change of Location – Current License # _____
 Change in Primary Registrant _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> State Government Agency |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | |

1. Demographic Information

UBI #		Federal Tax ID (FEIN) #	
Legal Owner/Operator Name			
Mailing Address			
City		State	Zip Code
County			
Phone (enter 10 digit #)	Fax (enter 10 digit #)		Email Address
Facility/Agency Name (Business name as advertised on signs or Web site)			
Physical Address			
City		State	Zip Code
County			
Facility Phone (enter 10 digit #)	Fax (enter 10 digit #)		Email Address:
Mailing Address (If different than physical address)			
City		State	Zip Code
County			

2. Facility Information

Drug Enforcement Administration (DEA) Registration Number

DEA Number: _____

Background Questions

Yes No

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license?
If yes, list and explain on a separate sheet of paper.
2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation?
If yes, list and explain on a separate sheet of paper.

3. Contact Information

Contact Person Name	Title	Phone (enter 10 digit #)	Email Address
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Contact Person Name	Title	Phone (enter 10 digit #)	Email Address
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4. Primary Registrant Information

Primary Registrant Name	Email Address
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Home Address	City	State	Zip Code
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Home Phone (enter 10 digit #)	Work Phone (enter 10 digit #)
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Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Signature of Owner/Authorized Representative of Pharmacy	Date
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Print Name	Print Title
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RCW/WAC and Online Web Site Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative procedures and requirements, WAC 246-12](#)

[Pharmacy Laws, RCW 18.64](#)

[Pharmacy Rules, WAC 246-945](#)

Online

[Pharmacy Quality Assurance Commission, Web Page](#)