

Drug Dog Handlers Registration Application Packet Contents:

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In order to process your request:

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

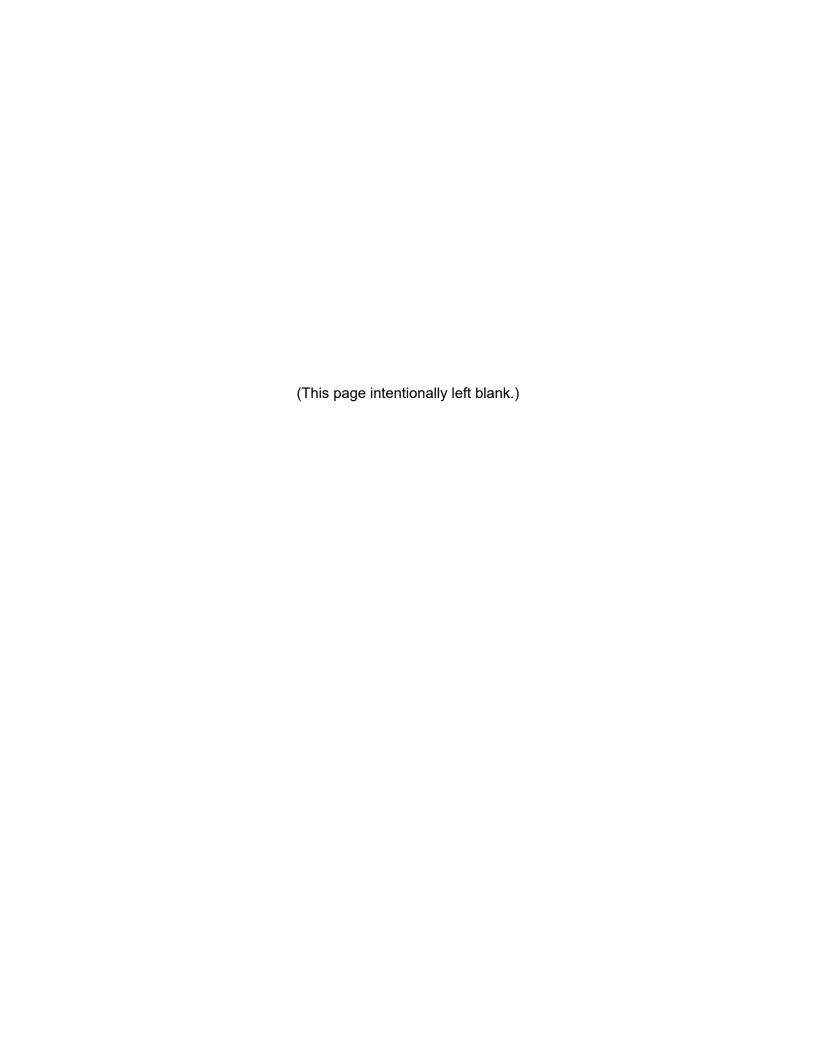
Department of Health PO Box 1099 Olympia, WA 98507-1099 Send other documents not sent with initial application to:

Pharmacy Quality Assurance Commission Credentialing PO 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.





Application Instructions Checklist

When your application for Drug Dog Handlers Registration is received by the Department of Health, you will be notified in writing of any outstanding documentation needed to complete the application process.

Indicate type of application—New, change of ownership, change of location, or name change.

- **New**—First time requesting a Drug Dog Handlers Registration.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of your Drug Dog Handlers Registration.
- Change of Location—Changing the location address of your Drug Dog Handlers Registration. Include your current license number.
- Name Change Only—List your current facility name.

Check One: Please check your legal owner/operator business structure type according to your Washington State Master Business License.
Application Fee: Fees are non-refundable. You can check the online <u>fee page</u> 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.

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

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

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

2. Controlled Substances: List the controlled substances that will be used.
3. Key Individuals: Enter name, title, phone number, fax number, and email address.
4. Primary Registrant: Enter name, registration date and date of appointment.
 Additional Information: Corporation information: Enter date of incorporation, corporate number, and state of corporation.
Legal Owner: List the names, titles, addresses, and phone numbers of the corporate officers, partners, member, managers, etc. Attach additional sheet, if necessary.
Change of Ownership Information: If applicable, list the previous legal owner name, previous name of facility, previous license #, effective date of ownership change and physical address.
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				
☐ Drug Dog Handlers Registration.				
Check the <u>fee page</u> for current fees.				
All application fees are nonrefundable				

Revenue: 0202010000						
Drug Dog Handlers Registration						
This is for: New Change of Ownership Change of Location—Current License # Name Change Only (Duplicate <u>fee</u> .)—Current Facility Name						
Check One						
☐ Association ☐ Limited Partnership ☐ Sole Proprietor						
Corporation [☐ Municipality (City)			State Government Agency		
☐ Federal Government Agency [☐ Municipality (County)			☐ Tribal Government Agency		
☐ Limited Liability Company [Non	-Profit Corpora	ation	☐ Trust		
☐ Limited Liability Partnership [Part	nership				
1. Demographic Informa	tion					
UBI#		Fe	ederal Tax ID (FEIN) #		
Legal Owner/Operator Name						
Mailing Address						
City State Zip Code County						
Phone (enter 10 digit #)	nter 10 digit #)	E	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		

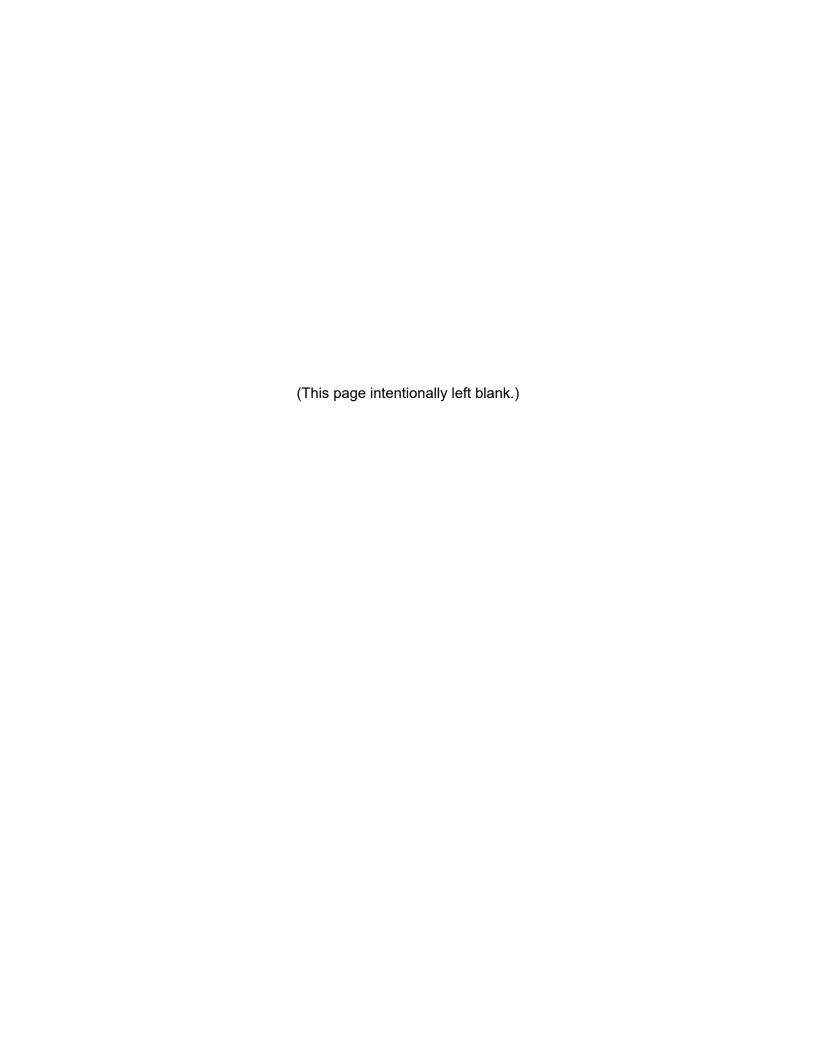
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2. Controlled Substances								
List the controlled substances that will be used.								
3. Key Individuals								
Contact Person: Name								
Title			Phone (enter	10 di	git #)	Ema	il Address	
Contact Person: Name								
Title			Phone (enter	10 di	ait #)	Fma	nil Address	
THE STATE OF THE S			Phone (enter 10 digit #)			Lineii Address		
4. Primary Registr	ant	:						
Name			Registration Date			Date of Appointment		
5. Additional Infor	ma	tion						
Date of Incorporation Corporate Nur		mber State		of Corporation				
Legal Owner Information-	-atta	ach additional	sheets as ne	edec	t			
List names, addresses, phone	num	bers, and titles o	of corporate offi	cers,	partners,	mem	bers, managers, etc.	
Name	Add	dress		Pho	ne(10 digi	it #)	Title	

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Change of Ownership Information					
Previous Name of Legal Owner					
Previous Name of Facility	Previous Facility Registration #	Effective Date of Ownership Change			
Physical Address					
	Signature				
I certify that I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.					
Signature of Owner/Authorized Representative Date (mm/dd/yyyy)					
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