



Drug Dog Handlers Registration Application Packet

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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.

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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 [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.

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.
- 5. 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
<input type="checkbox"/> Drug Dog Handlers Registration. Check the fee page for current fees. All application fees are nonrefundable

Revenue: 0262010000

Drug Dog Handlers Registration

This is for: New Change of Ownership Change of Location—Current License # _____
 Name Change Only (Duplicate [fee](#).)—Current Facility Name _____

Check One

- | | | |
|--|---|---|
| <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. Controlled Substances

List the controlled substances that will be used.

3. Key Individuals

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

Name	Registration Date	Date of Appointment
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5. Additional Information

Date of Incorporation	Corporate Number	State of Corporation
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Legal Owner Information—attach additional sheets as needed

List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.

Name	Address	Phone(10 digit #)	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](#)