

APPLICATION FOR CONTROLLED DANGEROUS
 SUBSTANCES REGISTRATION
 MARYLAND STATE DEPARTMENT OF HEALTH AND
 MENTAL HYGIENE
 DIVISION OF DRUG CONTROL
 4201 Patterson Avenue
 Baltimore, Maryland 21215 Telephone (410) 764-2890
 New Applicants-Registration Fee \$120-payable to DHMH-Drug Control.
 Renewal Registrations-Refer to the attached letter for the appropriate fee.
 Change of Ownership-Registration Fee \$144

Check, if exempt from fee. Circle local, state or federal official.

BUSINESS NAME _____

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION

LAST NAME OR ESTABLISHMENT NAME _____

FIRST NAME AND INITIAL OR ESTABLISHMENT NAME CONTINUED _____

BUSINESS STREET ADDRESS 1 _____

BUSINESS STREET ADDRESS 2 _____

CITY STATE ZIP CODE

New Renew Change of Ownership Cancel

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CDS # _____

(A SEPARATE APPLICATION IS REQUIRED FOR EACH CLASSIFICATION) TO BE LAWFULLY REGISTERED, CHECK ONLY ONE CLASSIFICATION UNDER EITHER ESTABLISHMENT OR PRACTITIONER.

MD PROFESSIONAL LICENSE # OR PHARMACY BOARD PERMIT # & EXP. DATE: _____

PLEASE INCLUDE A COPY OF YOUR CURRENT MARYLAND PROFESSIONAL LICENSE OR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE LICENSE

ESTABLISHMENT

PRACTITIONER

- | | |
|-------------------------------------|------------------------------|
| 1 () Manufacturer | 1 () MD |
| 2 () Distributor | 2 () DDS |
| 3 () Methadone Program | 3 () DMD |
| 4 () Pharmacy | 4 () DVM |
| 5 () Hospital | 5 () VMD |
| 6 () Nursing Home | 6 () DPM |
| 7 () Importer | 7 () DO |
| 8 () Exporter | 8 () Researcher |
| 9 () Laboratory | Schedule II, III, IV, V |
| 10 () Research | 9 () Research Schedule I |
| Schedule II, III, IV, V | 10 () a. CRNP *Note* |
| 11 () Research Schedule I | b. CNM *Note* |
| 12 () Clinic | 11 () PA **Note* |
| 13 () Drug/Alcohol Program | |
| 14 () Ambulance | |
| 15 () Research Schedule I-Chemical | |
| 16 () Research Schedule I-V (K9) | |

SIGNATURE & DATE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

Federal DEA number or if pending write the word "Pending" in the space please print number: _____

SOCIAL SECURITY NUMBER or FEDERAL TAX ID NUMBER _____

(1) Has your license been denied, suspended, or revoked?

YES () NO ()

(2) Have you been convicted of any violation of law pertaining to your profession?

YES () NO ()

If you answered YES to either of the above questions, please submit a detailed explanation, unless previously submitted. _____

This form must be signed and returned even if you do not wish to renew. State reason for not renewing: _____

OFFICE USE ONLY

Date Appl. Rcd: _____ Check/MO #: _____

Amount Rcd: _____ Amount Owed: _____

Date Appl. Processed: _____ Date Permit Printed: _____

Date Permit Mailed: _____

Date Appl. Returned: _____ Comments: _____

MAILING ADDRESS (Mail permit to other than the address above)

STREET ADDRESS 1 _____

STREET ADDRESS 2 _____

CITY STATE ZIP