



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

### **Contents:**

1. 690-184 ...Contents List/Mailing Information .....1 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 [civil.rights@doh.wa.gov](mailto:civil.rights@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**

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) #
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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
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## 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](#)