



Washington State Department of
Health
 Pharmacy Quality Assurance Commission
 PO Box 47877
 Olympia, WA 98504-7863
 360.236.4700

**Date
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Washington Methamphetamine Precursor Electronic Retail Sales Tracking System

Request for Exemption

Revised Code of Washington [69.43.110](#) provides an exemption from the Washington Methamphetamine Precursor Electronic Retail Sales Tracking System (NPLEx) reporting requirements for retailers that can show good cause why they cannot comply. Retailers who believe they are eligible under this provision may apply for an exemption with the Washington State Pharmacy Quality Assurance Commission. To request an exemption from compliance, complete **all** of the following information along with the signature of the retailer or person authorized by the retailer. The commission will review the request for exemption and will grant or deny the request within 15 business days from receipt.

Good cause conveys must show significant hardship to comply as prescribed by law. What constitutes a good cause will be determined on a case-by-case basis. Good cause, includes but is not limited to, situations where the installation of the necessary equipment to access the system is unavailable or cost prohibitive to the retailer.

Credential Type:			
<input type="checkbox"/> Pharmacy	Credential Number / DEA CMEA Cert ID _____		
<input type="checkbox"/> Itinerant Vendor	Credential Number / DEA CMEA Cert ID _____		
<input type="checkbox"/> Shopkeeper (endorsement)	UBI Number / DEA CMEA Cert ID _____		
Demographic Information:			
Legal Owner/Operator Name			
Mailing Address			
City	State	Zip Code	County
Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Email Address		Web 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 #)	
Mailing Address (if different than physical address)			
Email Address		Web Address	
This is a request for an:			
<input type="checkbox"/> Original Exemption Request	Length of Exemption (not to exceed 180 days): _____		
<input type="checkbox"/> Extension Request	Length of Exemption (not to exceed 180 days): _____		

