



# APPLICATION FOR REGISTRATION

## Texas Controlled Substances Act, Chapter 481 of the Health and Safety Code

**\$25.00 FEE – Only Original Application Accepted** (No Photocopies)

**For Department of Public Safety Use Only**

APPLICANT'S NAME (Last, First, Middle; if an individual)

BUSINESS STREET ADDRESS (PO BOX ONLY WILL NOT BE ACCEPTED)

CITY STATE ZIP COUNTY

APPLICANT'S DATE OF BIRTH SSN

### A BUSINESS ACTIVITY (Check one only)

Submit separate application and fee for each business activity. If practitioner, specify MD, DO, DDS, DVM, DPM, OD, etc., in space provided.

- 1. PRACTITIONER
- 2. PHARMACY
- 3. HOSPITAL
- 4. MANUFACTURER
- 5. RESEARCHER
- 6. TEACHING INSTITUTION
- 7. DISTRIBUTOR
- 8. ANALYST/ANALYTICAL LAB

### B DRUG SCHEDULES (Check All Applicable)

- (1) SCHEDULE I
- (2) SCHEDULE II, NARCOTIC
- (2N) SCHEDULE II, NONNARCOTIC
- (3) SCHEDULE III, NARCOTIC
- (3N) SCHEDULE III, NONNARCOTIC
- (4) SCHEDULE IV
- (5) SCHEDULE V

C CURRENT TX BOARD LICENSE NO.

D CURRENT FEDERAL (DEA) REGISTRATION NO. IF ANY

### Questions and Authorizing Signature

#### E ALL APPLICANTS MUST ANSWER THE FOLLOWING:

1. Is applicant currently authorized to handle controlled substances under the laws of the Federal Controlled Substances Act (DEA Registration)?  YES  NO
2. Has the applicant been convicted of or placed on community supervision or other probation for a felony, a violation of Health and Safety Code, Chapters 481-485, or another offense reasonably related to the registration sought or is it pending such action?  YES  NO
3. Has any previous registration held by the applicant, corporation, firm, partner, officer or stockholder of the applicant under the Texas or Federal CSA been surrendered, revoked, denied or is it pending such action?  YES  NO
4. IF THE APPLICANT IS A CORPORATION, ASSOCIATION OR PARTNERSHIP, THE FOLLOWING MUST BE ANSWERED. Has any officer, partner or stockholder been convicted of a felony, a violation of Health and Safety Code, Chapters 481-485, or another offense reasonably related to the registration sought?  YES  NO

If answer to a question is YES to 2, 3, or 4, attach a letter setting forth the circumstances of such action.

#### F SIGN AND DATE HERE

SIGNATURE OF APPLICANT OR AUTHORIZED INDIVIDUAL Date Signed  
(Must be signed by Administrator, if Hospital or Pharmacist-in-Charge, if Pharmacy) **NO STAMPED SIGNATURES. Please sign in Blue Ink.**

TITLE (If the applicant is a corporation, institution, or other entity, enter the TITLE of the person signing on behalf of the applicant, e.g., President, Dean, Pharmacist-in-Charge, Procurement Officer, etc.) APPLICANT'S BUSINESS TELEPHONE NUMBER

NOTICE: Signature of applicant or authorized individual further grants the director or his designee the right to enter and to inspect the controlled premises or any records required to be kept by the Texas Controlled Substances Act.

### Provisions applicable only to a claim of governmental exemption.

#### G CERTIFICATION OF EXEMPTION FROM FEE

ONLY AN OFFICER, EMPLOYEE, OR AGENT OF, OR A UNIT OF FEDERAL, STATE, OR LOCAL GOVERNMENT IS EXEMPT FROM PAYMENT OF REGISTRATION FEE. ADDRESS MUST CLEARLY REFLECT THE GOVERNMENTAL OR STATE AGENCY BY WHICH AN APPLICANT IS EMPLOYED. EXEMPTION AUTHORIZES APPLICANT TO HANDLE CONTROLLED SUBSTANCES AT EXEMPT LOCATION ONLY.

1. Name of governmental unit by whom applicant is employed. (e.g., U.S. Public Health Service, University of Texas, Harris County Hospital, Dallas City Health Clinic, etc.)

2. Is the person whose signature appears in Item F authorized to administer, dispense or obtain controlled substances from official stock; or to conduct research, instructional activity or chemical analysis with controlled substances?  YES  NO

3. Is the person authorized to purchase controlled substances?  YES  NO

Signature and Official Title of applicant's certifying superior

Printed name of certifying superior

Date Signed

#### Timely Action By DPS:

- (1) The director shall approve or deny a completed application within 60 days of receipt.
- (2) The director shall notify an applicant in writing within 60 days of receipt of an application that:
  - (a) the application is complete and accepted for filing; or
  - (b) the application is deficient or incomplete.

#### STATE GOVERNMENT PRIVACY POLICY

Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES.

- 1) with few exceptions, an individual is entitled to be informed about information that a state governmental body collects about an individual;
- 2) an individual is entitled to receive and review the information, and
- 3) an individual is entitled to have the state governmental body correct information about the individual that is incorrect.

The \$25.00 registration fee must be a personal, business, certified or cashier's check, or money order made payable to: "Texas Department of Public Safety."

MAIL TO: Controlled Substances Registration MSC 0438  
Texas Department of Public Safety  
P O Box 15999  
Austin, Texas 78761-5999