



COMMONWEALTH OF PENNSYLVANIA Form H114.620 (12/2022)
DEPARTMENT OF HEALTH

**APPLICATION FOR REGISTRATION OF MANUFACTURERS AND DISTRIBUTORS
 SHIPPING LIST I CHEMICALS OR PRECURSOR CHEMICALS**

(see law for specific list of LIST I Chemicals/Substances)

Noncontrolled Substances Report and Registration Act (Act 11-1990)*

**Note the aforementioned law is overseen by both the Pennsylvania Department of Health and
 the Pennsylvania Office of Attorney General**

Type or print answers to all questions. Use "Not Applicable" where appropriate. Complete and return this application to:

**PENNSYLVANIA DEPARTMENT OF HEALTH
 ATTN: DRUG & DEVICE PROGRAM**

**2525 North 7TH STREET, SUITE 210D, HARRISBURG, PENNSYLVANIA 17110
 or FAX (717) 231-4790 or EMAIL as PDF to: RA-DDC@PA.GOV PHONE (717) 787-4779**

An application must be filed for **EACH** noncontrolled substance manufacturing plant, distributor, and retail outlet operating within OR distributing INTO the Commonwealth of Pennsylvania. Questions: Please review law or contact the Pennsylvania Department of Health at phone 717-787-4779 or email: ra-ddc@pa.gov. Parties may also contact the Pennsylvania Office of Attorney General-Clandestine Laboratory Section. Phone 717-783-2600 website: www.attorneygeneral.gov for more guidance.

PLEASE CHECK BLOCKS WHICH APPLY

- Manufacturer of Noncontrolled List I chemical/Precursor Substances, API, and/or other Products
- Distributor of Noncontrolled List I chemical/Precursor Substance, API, and/or other Products
- Retailer of Noncontrolled List I chemical/Precursor Substance and/or other Products
- Other persons – Identify _____

Name(s) of List I chemicals to be distributed _____

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DEA number _____ (if pending submit within 30 days)

Name of Business: _____

List other Trade/business names if used: _____

Facility Address where product is physically handled and shipped from. DO NOT USE P.O. BOX NO _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Mailing Address if different that above. _____

City: _____ State: _____ Zip Code: _____

Facility contact person _____ Title and Phone # for contact person: _____

Type of Ownership: corporation, partnership, sole proprietorship, LLC etc): _____

Owners/Officers: _____

If Incorporated or LLC, list State in which entity is incorporated or LLC founded and date of incorporation

Corporate Federal Tax ID (: _____ - _____ - _____ - _____)

Has applicant or have any of the officers, agents or employees of the establishment ever been convicted of any violation of federal or Pennsylvania laws dealing with drugs or controlled substances or had any felony convictions? No Yes **If yes, fully describe on other side.**

Has applicant or have any of the officers, agents or employees of the establishment had a license or equivalent authorization previously held for manufacture or distribution of any drugs denied, suspended, revoked, restricted or subjected to any other sanction or action for disciplinary reasons by a government authority? No Yes **If yes, fully describe on other side**

 Authorized Agent's Signature

 Date

 Authorized Agent's Name – Print or Type



PENNSYLVANIA DEPARTMENT OF HEALTH: DRUG & DEVICE REGISTRATION
PHONE (717) 787-4779 , Email: ra-ddc@pa.gov
PENNSYLVANIA OFFICE OF ATTORNEY GENERAL-CLANDESTINE LAB SECTION
PHONE (717) 783-2600, Email:

NONCONTROLLED SUBSTANCE REPORTING FORM
(Circle Quarter) 1 – 2 – 3 – 4 Year _____

**NOTE AFTER REGISTRATION: THIS FORM IS TO BE USED WHEN REPORTING
TRANSACTIONS OR TRANSFER OF CHEMICALS TO OTHER LOCATIONS OR ENTERPRISES.
REPORT MUST BE MAILED TO BOTH ADDRESSES**

Mail Fax, Or Email completed report forms to **BOTH** of the following agencies:

PA Dept. of Health	Office of Attorney General
Drug, Device & Cosmetic Program	Drug Prosecution/Clandestine Lab Section
2525 7 th Street, Suite 210D	16 th Floor, Strawberry Square
Harrisburg, PA 17110	Harrisburg, PA 17120
Fax 717-231-4790, Email As PDF: ra-ddc@pa.gov	717-783-2600

Company Name _____

Address (do not use P.O. Box) _____

Area Code and Phone Number _____

Owner's Name _____

Address (do not use P.O. Box) _____

Area Code and Phone Number _____

Occupation _____

Attach additional sheets of paper if business has multiple owners. Also list names, addresses, and telephone numbers of all subsidiaries and field locations of operation of registered firm on additional sheets of paper.

COMPLETE PAGE 2.



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(Form may be reproduced)

SALES or TRANSFER RECORDS

Purchaser's Name _____

Address _____

(DO NOT USE P.O. BOX)

Agent's Name (If Applicable) _____

Date of Birth _____

Social Security No. _____

On file – copy of (check Yes or No)

Drivers License # / with photo Yes No

Vehicle License # Yes No

Letter of Authorization of Purchase Yes No

Sale - Date _____ Time _____

Location _____

Chemical(s) _____

Quantity/Size (i.e two 50 gallon drums)

Cash Check Money Order Other (please identify) _____

If check, money order or draft: indicate the name and address of financial institution, number on document, name and address of signer and date of issuance.)





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