



APPLICATION FOR REGISTRATION OF MANUFACTURERS AND DISTRIBUTORS
SHIPPING BULK LIST I CHEMICALS

(see law for specific list of Chemicals/drugs)

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

Type or print answers to all questions. Use "Not Applicable" where appropriate. Complete and return this application to:
PENNSYLVANIA DEPARTMENT OF HEALTH: DRUG & DEVICE REGISTRATION SECTION
555 WALNUT STREET-FORUM PLACE-7TH FLOOR, HARRISBURG, PENNSYLVANIA 17101 or FAX (717) 787-3188 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.

*Manufacturers, distributors, and/or retailers distributing or selling only finished drug products (i.e Sudafed® tablets) and that are already registered with the Pennsylvania Department of Health generally do not need to register separately under this law.

PLEASE CHECK BLOCKS WHICH APPLY

- Manufacturer of Noncontrolled Substance Products
Distributor of Noncontrolled Substance Products
Retailer of Noncontrolled Substance Products
Other persons - Identify

Name(s) of List 1 Chemicals Distributed

1. Name of Firm Telephone Number + Area Code

2. Facility Address where product is physically handled and shipped from. (Number, Street, City, County, Zip Code)
DO NOT USE P.O. BOX NO.

3. Mailing Address if Different from Above

4. If Corporation, Name State in Which Firm is Incorporated
Date Incorporated
Federal Tax ID

5. Name, Address (other than P.O. Box No.), Telephone Number & Occupation of all Owners of Firm Listed in Question #1
(Use additional paper if necessary)

6. If Branch or Subsidiary, List the Name, Mailing Address and Telephone Number of Main Office or Parent Firm

7. If Main Office or Parent Firm, List the Name(s), Address(es), and Telephone Number of Branch or Subsidiary Firm(s)
(Use additional paper if necessary)

8. DEA number (if pending submit within 30 days)

Authorized Agent's Signature Date

Authorized Agent's Name - Print or Type

Title (Owner, Partner, or Officer of Corporation)



PENNSYLVANIA DEPARTMENT OF HEALTH: DRUG & DEVICE REGISTRATION SECTION
PHONE (717) 787-4779 or FAX (717) 787-3188

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 completed report forms to **BOTH** of the following agencies:

PA Dept. of Health
Drug, Device & Cosmetic Program
555 WALNUT STREET-
FORUM PLACE-7TH FLOOR,
HARRISBURG, PENNSYLVANIA 17101

Office of Attorney General
Drug Prosecution/Clandestine Lab Section
16th Floor, Strawberry Square
Harrisburg, PA 17120
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.

(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 _____

Item/quantity/price _____

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.)

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

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