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) ____________________________
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, PENNSYLVANIA 17120

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.
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
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.)