

**NEW AND RENEWAL APPLICATION CHECKLIST**  
**DC Controlled Substance Drug Registration Application**  
(Manufacturers, Distributors, Wholesalers, and Pharmacies - Facilities)

**IMPORTANT – PLEASE READ**

Every person who manufactures, distributes, dispenses, or conducts research with any controlled substance, or who proposes to engage in the manufacture, distribution, dispensing, or conducting of research with any controlled substance within the District of Columbia shall obtain (biennially) and maintain current registration. (§22-1002.1 - DCMR Chapter 10)

***Mail completed application(s), non-refundable fee(s), and required documents together to DC HEALTH - Pharmacy 899 North Capitol Street NE, 1st Floor, Washington, DC 20002.***

**CHECKLIST FOR SUBMITTING THE DC CONTROLLED SUBSTANCE  
REGISTRATION APPLICATION FOR SCHEDULES II – V DRUGS:**

- \_\_\_\_\_ Controlled Substance Registration Application completed, dated and signed
- \_\_\_\_\_ \$130.00 **nonrefundable fee** (check or money order), made payable to DC Treasurer Copy of current
- \_\_\_\_\_ U.S. Federal DEA Registration for the location (cannot be expired)
- \_\_\_\_\_ **NOTE TO 3PLs AND VIRTUAL MANUFACTURERS:** DEA Registration address must match facility address
- \_\_\_\_\_ List of all controlled substance drug products applicant intends to ship into the District of Columbia

**IMPORTANT:** A separate application, fee, and required documentation are required to be submitted for Schedule I drug products. Requirements are listed below.

**CHECKLIST FOR SUBMITTING THE DC CONTROLLED SUBSTANCE  
REGISTRATION APPLICATION FOR SCHEDULE I DRUGS:**

- \_\_\_\_\_ Controlled Substance Registration Application completed dated and signed
- \_\_\_\_\_ \$130.00 **nonrefundable fee** (check or money order), made payable to DC Treasurer
- \_\_\_\_\_ Copy of U.S. (Federal) DEA Registration for Schedule I for the location (cannot be expired)
- \_\_\_\_\_ List of Schedule I controlled substance drug products applicant intends to ship into the District
- \_\_\_\_\_ List of company names and complete addresses of customers to which the applicant intends to ship Schedule I controlled substance drugs in the District of Columbia
- \_\_\_\_\_ Detailed explanation for intended use of Schedule I controlled substances drug products
- \_\_\_\_\_ An in state (Resident) applicant must also submit the IRB – Safe with CRF Standards for Schedule I controlled substance drugs

**CHECKLIST FOR SUBMITTING NEW AND RENEWAL APPLICATIONS**  
**DC Controlled Substance Drug Registration Application**  
(Manufacturers, Distributors, Wholesalers – Facilities)

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**RECORD KEEPING:** Please make a copy of the completed application, payment(s) and all documents submitted with the application for your records.

Mail to: DC HEALTH - PHARMACY  
899 North Capitol Street NE  
First Floor  
Washington, DC 20002

**LICENSE VERIFICATION:** To verify the status of a DC controlled substance registration application, renewal, or license/registration, paste the web link below into your web browser:

<https://app.hpla.doh.dc.gov/Weblookups/Search.aspx?facility=Y>

**SUBMITTING APPLICATION(S):** When submitting multiple applications, it is the sole responsibility of the applicant to submit each application with the required fee(s) and document(s). The fee and documents must be securely attached to the respective application, as outlined in the checklist, and submitted in the order of the checklist..

**FREQUENTLY ASKED QUESTIONS:** A list of frequently asked questions can be located on the DC government website at <https://dchealth.dc.gov/pcd>.

**DC WEBSITE:** DC Applications, Forms, Checklists and Municipal Regulations are available online at <https://dchealth.dc.gov/pcd>.

**IMPORTANT:** The application, nonrefundable fee and all required documents must be submitted together. Incomplete applications or those submitted with missing, expired, or unreadable documents will be returned.

## CONTROLLED SUBSTANCE REGISTRATION APPLICATION FOR FACILITIES

**Mail application, non-refundable fee of \$130, US (federal) DEA Registration, and all required documents to:**

DC HEALTH - PHARMACY 899 North Capitol Street, NE, First Floor, Washington, DC 20002

<https://www.dchealth.dc.gov/pcd>

***Please print clearly in ink and in upper case letters only.***

**Incomplete applications and those submitted with incorrect, missing, or expired documents will not be processed.**

<p><b>Application Type</b></p> <p> <input type="checkbox"/> New                 <input type="checkbox"/> Change of Name                 <input type="checkbox"/> Change of Ownership                 <input type="checkbox"/> Change of Location  <input type="checkbox"/> Renewal (Provide Controlled Substance Registration number): _____         </p>	<p><b>Facility Location</b></p> <p> <input type="checkbox"/> Out-of-State (Non-Resident)  <input type="checkbox"/> In State (Resident)         </p>
<p><b>Profession Type</b></p> <p> <input type="checkbox"/> Pharmacy                <input type="checkbox"/> Distributor                <input type="checkbox"/> Wholesaler                <input type="checkbox"/> Substance Abuse Facility                <input type="checkbox"/> Researcher                <input type="checkbox"/> Veterinary Clinic                <input type="checkbox"/> Fire and EMS                <input type="checkbox"/> Other (specify below)         </p>	
<p><b>Choose Controlled Substance Schedules applicant is applying for:</b></p> <p> <input type="checkbox"/> Schedule II                 <input type="checkbox"/> Schedule IIN                 <input type="checkbox"/> Schedule III                 <input type="checkbox"/> Schedule IIIN                 <input type="checkbox"/> Schedule IV                 <input type="checkbox"/> Schedule V         </p>	
<p><b>Applicant Information</b></p> <p>_____</p> <p>Name of Applicant (Legal Name of Business)</p> <p>_____</p> <p>Street No.                      Street Name                      Suite No.</p> <p>_____</p> <p>City    State    Zip Code</p> <p>_____</p> <p>Cell Phone Number    E-Mail Address for Applicant</p>	

**Provide Facility Location  
Address on this Page**

**Mailing Address (If Different) or DC Business Affiliation (Required for Researchers and Resident Health facilities)**

\_\_\_\_\_  
Street No.                      Street Name                      Suite No.

\_\_\_\_\_  
City                                      State                                      Zip Code

\_\_\_\_\_  
Work Phone Number                      Fax Number                      E-Mail Address

**All Applicants must answer the following questions; Any question that does not apply to the applicant must be answered as N/A.**

- A. If the applicant is a corporation, association or partnership, has any officer, partner, stockholder or proprietor been convicted of a felony in connection with controlled substance under District of Columbia, State or Federal law?  Yes  No
  
- B. Has the applicant been convicted of a felony in connection with controlled substance (CS) under DC, State or Federal Law?  Yes  No  
If the answer is **Yes**, submit a written explanation.
  
- C. Has the applicant ever surrendered or had a controlled substance registration revoked, suspended or denied?  Yes  No  
If the answer is **Yes**, submit a written explanation.

**I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE STATEMENTS MADE ARE TRUE, COMPLETE AND CORRECT.**

\_\_\_\_\_  
Signature of Applicant/Authorized Individual                      Print Name and Title                      Today's Date

**Submit application, nonrefundable fee of \$130 made payable to "DC TREASURER, U.S. (Federal) DEA Registration, and list of all controlled substance drug products the applicant intends to ship to or within the District of Columbia.**

**Mail to:** DC HEALTH - PHARMACY  
899 North Capitol Street NE  
First Floor  
WASHINGTON, DC 20002

**Note:** Applicants seeking fee waiver under 22DCMR Chapter 10, Section 1005.1 (a-d) complete the certification of fee exemption form attached.

**TO THE APPLICANT: (Please read and complete all fields below)**

Please read carefully and completely before signing. A false statement on this certification requires that the Department proceed immediately to revoke the license or permit for which you are now applying and fine you \$1000.00. This certificate is required by the “CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996”. (Effective May 11, 1996, D.C. Law 11-118, D.C. Code §47-2861 et seq.)

I, \_\_\_\_\_, certify that as of \_\_\_\_\_, I do not owe more than \$100.00 to the District of Columbia government  
Print Name Today's Date

as a result of: 1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Code § 6-2901 et seq.); 2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6- 2911 et seq.); 3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6- 42; D.C. Code § 6-2701 et seq.); or 4. Past due taxes.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me \$1,000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification. I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Today's Date

**CERTIFICATION OF FEE EXEMPTION**

Pursuant to 22DCMR Chapter 10, Section 1005.1 (a-d) states:

The Director shall exempt from payment of a fee for registration or reregistration, any official employee or agency of the District of Columbia (DC) who is authorized to do the following: (a) To purchase controlled substances; (b) To obtain the substances from official stocks; (c) To dispense or administer the substances; or (d) To conduct research, instructional activities, or chemical analysis with the substances, or any combination thereof, in the course of his or her official duties or employment.

**CHECK IF INDIVIDUAL NAMED HEREON IS A DC OFFICIAL/ DC AGENCY**

The undersigned hereby certifies that the applicant hereon is an officer or employee of a local DC agency who in the course of such employment, is authorized to obtain, dispense, prescribe, or otherwise handle controlled substances.

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Certifying Official's Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Name of Governmental Institution and Agency