



MISSISSIPPI
State Board of Pharmacy

Address:
6360 J - 55 North
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APPLICATION FOR REGISTRATION TO HANDLE CONTROLLED SUBSTANCES

January 1, 2018 - December 31, 2018

FEE - \$50.00

Business Name:

Street Address:

City, State Zip:

County:

DEA #: Federal Tax ID #:
(If you do not have a DEA # Please submit your number once it is received).

Principle Business Owner(s) or officers if Corporation: (Attach list if necessary)

(Name) (Address)

(Name) (Address)

Please check proper blank:

( ) Pharmacy ( ) Nursing Home ( ) Wholesaler ( ) Other (specify)

Drug Schedules Which Will Be Handled: (check all that apply)

- ( ) Schedule II Narcotic ( ) Schedule II Non-Narcotic
( ) Schedule III Narcotic ( ) Schedule III Non-Narcotic
( ) Schedule IV (all) ( ) Schedule V (all)

Applicant's signature: Telephone:
Name typed or printed: Fax:
E-mail address:

OFFICE USE ONLY
REGISTRATION NO.: FILE NUMBER:
DATE ISSUED: RECEIPT NUMBER: