

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**CONTROLLED SUBSTANCE PRECURSOR:  
DISTRIBUTOR or PURCHASER**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

In addition to submitting a completed application, complete the following:

1. Submit a **\$210.00** non-refundable application-processing fee made payable to “DOPL” for a Controlled Substance Precursor Distributor License.

**OR**

Submit a **\$110.00** non-refundable application-processing fee made payable to “DOPL” for a Controlled Substance Precursor Purchaser License.

## ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to controlled substance precursors. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ❑ Division of Occupational & Professional Licensing Act
- ❑ General Rules of the Division of Occupational & Professional Licensing
- ❑ Utah Controlled Substance Precursor Act
- ❑ Utah Controlled Substance Precursor Act Rules

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
3. **License Renewal:** All controlled substance precursor distributor and purchaser licenses expire May 31 of every odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years. Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

4. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).

5. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1st Floor Lobby  
Salt Lake City, Utah 84111

6. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah
7. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

The business legal name is the name that will appear on the license. If the applicant for licensure is a business entity, this is normally the name registered with the Utah Division of Corporations.

If there is a fictitious business name (*doing business as*), list that name also, e.g., XYZ Corporation dba XYZ Facility. If the applicant is not required to be registered with the Division of Corporations, it is the name of the facility where the licensed activity is to be conducted.

## GENERAL INFORMATION:

License Applying For:       Controlled Substance Precursor Distributor  
    Controlled Substance Precursor Purchaser

Business Legal Name: \_\_\_\_\_

## MAILING ADDRESS:

NOTE:      The mailing address is the actual location at which the licensed activity will be conducted and is the address where DOPL will send all correspondence.

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_/\_\_\_/\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_/\_\_\_/\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**CONTACT PERSON FOR LICENSING PURPOSES:**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**ORGANIZATION TYPE:**

Corporation

Name of Corporate: \_\_\_\_\_

Utah Corporation License Number: \_\_\_\_\_

Supply the identifying information below for all corporate officers, directors, those responsible management personnel employed within Utah or having direct responsibility for managing operations of the applicant within Utah, and all shareholders who own or control 5% or more of the outstanding corporate stock (*not required if publicly traded*). (*Use additional sheets if necessary.*)

Partnership

Name of Partnership: \_\_\_\_\_

Supply the identifying information below for all partners and those responsible management personnel employed within Utah or having direct responsibility for managing operations of the applicant within Utah. (*Use additional sheets if necessary.*)

Sole Proprietorship

Name of Business Entity: \_\_\_\_\_

Supply the identifying information below for the sole proprietor and those responsible management personnel employed within Utah or having direct responsibility for managing operations of the applicant within Utah. (*Use additional sheets, if necessary.*)

Limited Liability Company

Name of Limited Liability Company: \_\_\_\_\_

Supply the identifying information below for all company officers, and those responsible management personnel employed within Utah or having direct responsibility for managing operations of the applicant within Utah, and all individuals owning 5% or more of the equity of the company. (*Use additional sheets, if necessary.*)

Other, \_\_\_\_\_

**IDENTIFYING INFORMATION FOR ORGANIZATION TYPE:**

1. Full Name and Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
  
2. Full Name and Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
  
3. Full Name and Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
  
4. Full Name and Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

*(Continued on the next page.)*

**DISCLOSURE OF NATURE OF BUSINESS:** *(Use additional sheets, if necessary.)*

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**TRADE/BUSINESS NAMES:**

List all trade or business names used. *(Use additional sheets, if necessary.)*

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**FACILITIES:**

Complete for each facility used for storage, handling, distribution and/or manufacturing of controlled substance precursors. *(Use additional sheets, if necessary.)*

1. Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_
  
2. Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_
  
3. Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

4. Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

**PROFESSIONAL RESPONSIBILITY:**

All involved officers, directors, partners, proprietors, employees, and managers\* associated with or employed by the applicant have read and understand the Utah Controlled Substance Precursor Act and Rules. We understand that we must confine our practice to that which is permitted by law. We also understand that if the request for licensure is granted, disciplinary action may be taken against this license for unlawful or unprofessional conduct.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_/\_\_\_/\_\_\_

\* “Involved officer, director, partner, proprietor, employee or manager” is defined in Subsection R156-37c-102(1) of the Utah Controlled Substance Precursor Act Rules.

## CONTROLLED SUBSTANCE PRECURSORS REQUESTED:

Check **all** Controlled Substance Precursors for which licensure is requested.

- |   |   |
|---|---|
| <input type="checkbox"/> Phenyl-2-propanone                     | <input type="checkbox"/> Insosafrole                                |
| <input type="checkbox"/> Methylamine                            | <input type="checkbox"/> Safrole                                    |
| <input type="checkbox"/> Ethylamine                             | <input type="checkbox"/> Piperonal                                  |
| <input type="checkbox"/> D-lysergic acid                        | <input type="checkbox"/> N-Methylephedrine                          |
| <input type="checkbox"/> Ergotamine and its salts               | <input type="checkbox"/> N-ethylephedrine                           |
| <input type="checkbox"/> Diethyl malonate                       | <input type="checkbox"/> N-methylpseudoephedrine                    |
| <input type="checkbox"/> Malonic acid                           | <input type="checkbox"/> N-ethylpseudoephedrine                     |
| <input type="checkbox"/> Ethyl malonate                         | <input type="checkbox"/> Hydriotic acid                             |
| <input type="checkbox"/> Barbituric acid                        | <input type="checkbox"/> Crystal iodine                             |
| <input type="checkbox"/> Piperidine and its salts               | <input type="checkbox"/> gamma butyrolactone (GBL)                  |
| <input type="checkbox"/> N-acetylanthranilic acid and its salts | <input type="checkbox"/> Iodine at concentrations greater than 1.5% |
| <input type="checkbox"/> Pyrrolidine                            | <input type="checkbox"/> Red phosphorous                            |
| <input type="checkbox"/> Phenylacetic acid and its salts        | <input type="checkbox"/> Anhydrous amonia                           |
| <input type="checkbox"/> Anthranilic acid and its salts         | <input type="checkbox"/> Phenylpropanolamine                        |
| <input type="checkbox"/> Morpholine                             | <input type="checkbox"/> Benzyl cyanide                             |
| <input type="checkbox"/> Ephedrine                              | <input type="checkbox"/> Ergonovine and its salts                   |
| <input type="checkbox"/> 1,4 butanediol                         | <input type="checkbox"/> 3,4-Methylenedioxyphenyl-2-propanone       |
| <input type="checkbox"/> Pseudoephedrine                        | <input type="checkbox"/> propionic anhydride                        |
| <input type="checkbox"/> Norpseudoephedrine                     |   |
- any salt, optical isomer, or salt of an optical isomer of the chemicals listed above, specify:
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### All of the above

**NOTE:** Effective April 11, 2004, the Federal Food and Drug Administration (FDA) prohibits the sale of dietary supplements containing ephedrine alkaloids (*including ephedrine, pseudoephedrine, nonpseudoephedrine, phenylpropauloamine, ma huang, sida cordifolia, and pinellia*).

Therefore, anyone selling dietary supplements containing ephedrine alkaloids would now be violating the Controlled Substance Precursor Act if they sell dietary supplements containing ephedrine alkaloids and do not comply with the Act's licensure, reporting, and bookkeeping requirements.

# CONTROLLED SUBSTANCE PRECURSOR QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant\* ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant ever had any license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant ever been permitted to resign or surrender a license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against him/her by any professional licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Is any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant currently under investigation or is any disciplinary action pending against him/her now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action pending against any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant pose a direct threat to himself/herself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?

*(Continued on the next page.)*

8. \_\_\_\_\_ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant ever been terminated from a position because of drug use or abuse?
10. \_\_\_\_\_ Is any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant currently using or has any recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
11. \_\_\_\_\_ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which he/she has not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which he/she has not otherwise been successfully rehabilitated?
12. \_\_\_\_\_ Have there been any convictions of any involved officer, director, partner, proprietor, employee or manager under any federal, state or local laws relating to the distribution or manufacturing of prescription drugs, drug samples, controlled substances or controlled substance precursors.
13. \_\_\_\_\_ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant ever had a documented case in which he/she was involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
14. \_\_\_\_\_ Does any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant currently have any criminal action pending?
15. \_\_\_\_\_ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

(Continued on the next page.)

16. \_\_\_\_\_ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
17. \_\_\_\_\_ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
18. \_\_\_\_\_ Has any involved officer, director, partner, proprietor, employee, or manager associated with or employed by the applicant ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to questions 14, 15, 16, 17, or 18 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**



**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

\* “Involved officer, director, partner, proprietor, employee or manager” is defined in Subsection R156-37c-102(1) of the Utah Controlled Substance Precursor Act Rules.

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# AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, state of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

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

Date of Signature: \_\_\_/\_\_\_/\_\_\_

Printed Name of Applicant: \_\_\_\_\_