

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

Controlled Substance Database Disassociation of Designee

Designee's Name: _____

Designee's Email: _____

Practitioner Information:

Name: _____ DEA Number: _____

DOPL License Number: _____ Email: _____

Establishment: _____

Establishment Phone: _____ Establishment Fax: _____

Address: _____

Street Address (including Unit/Ste #) and/or PO Box

City

State

Zip Code

Please discontinue the Designee access granted on my behalf to the Controlled Substance Database of the above name individual.

Signature of Practitioner: _____ Date: _____

Submitting this form:

Via Fax: 801-530-6315

Via Email: csd@utah.gov

In person or via express delivery:

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Heber M Wells Building, 1st Floor Lobby
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Salt Lake City, UT 84111

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Division of Occupational and Professional Licensing
PO BOX 146741
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