

**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:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741