



Request to Remove Utah Controlled Substance License

LICENSEE INFORMATION

Full Legal Name: _____
First Middle Last

Current License Number: _____

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

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

AFFIDAVIT AND RELEASE

1. I request removal of the active status for my Utah controlled substance.
2. I understand I will no longer have authority to prescribe controlled substances in the state of Utah.
3. I no longer have a Federal DEA license associated with the state of Utah.
4. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signature: _____ Date: _____