



Controlled Substance Precursor:

Distributor

Purchaser

APPLICANT INFORMATION

Business Name: _____
**Note: If you are a Sole Proprietor, this is your full legal name.*

DBA (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Local Contact for
Licensing Purposes: _____
First Middle Last

Phone: (_____) _____ – _____ Email: _____

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. 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.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title/Position: _____



BUSINESS ORGANIZATION

Please select entity type:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Business Trust
<input type="checkbox"/> Corporation
<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Partnership
<i>If registered as one of the above entities in Utah, complete Section 1 below.</i> | <input type="checkbox"/> Sole Proprietorship
<i>If registered as sole proprietorship, complete Section 2 below.</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

Section 1: To be completed by Trust, Corporation, GP, LLC, LP and LLP applicants only.

Corporations Registration Number*: _____ EIN: _____
**It is required that all entities doing business in Utah register with the Division of Corporation and Commercial Code.*

Select one: Domestic Foreign Is this company publicly traded? Yes No

DBA (if applicable) _____ DBA Registration Number: _____

I understand that in all areas of this application the words “you”, “I” and “applicant” apply to the entity listed above and all subsidiaries, owners, officers, managers, qualifiers and prior entities for which these individuals have been involved.

Signature of Authorized Signer: _____ Date: _____

Printed Name of the Authorized Signer: _____

Position of Authorized Signer: _____

Section 2: To be completed by Sole Proprietorship applicants only.

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

- Please select one:
- I am a United States citizen or a non-citizen of the United States who is lawfully present.
 - I am a foreign national not physically present in the United States.
 - None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: *If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.*

If applicable, please complete the following:

Corporations Registration Number: _____ SSN or EIN: _____

DBA: _____ DBA Registration Number: _____



QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. [] Yes [] No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise disciplined in any way?

2. [] Yes [] No Do you CURRENTLY have any criminal action active or pending?

3. [] Yes [] No WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a misdemeanor in any jurisdiction?

4. [] Yes [] No Have you EVER pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a felony in any jurisdiction?

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. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
• court record(s)
• police report(s)
• 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.

NOTE:

- DISCLOSE charges that were later held in abeyance, diverted, reduced, or dismissed.
• DISCLOSE motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
• You do not need to disclose juvenile offenses, unless you were tried as an adult.
• DISCLOSE if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
• You do not need to disclose legally expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.

NATIONAL PROVIDER IDENTIFIER (NPI)

Your NPI: _____

PHYSICAL LOCATION

Please list the contact person, phone number and address for each physical location used for storage, handling, distribution and/or manufacturing of controlled substance precursors. Use additional sheets, if necessary.

Contact Person: _____ Phone: (____) ____ - _____

Physical Address: _____ City _____ State _____ Zip _____

Contact Person: _____ Phone: (____) ____ - _____

Physical Address: _____ City _____ State _____ Zip _____



DISCLOSURE OF NATURE OF BUSINESS

Briefly describe the nature of the business. Include the business' distribution, sale, transfer and/or purchase procedures. Use additional sheets, if necessary.

Please select all Controlled Substance Precursors for which licensure is requested:

- 1,4 butanediol
3,4-Methylenedioxyphenyl-2-propanone
Anthranilic acid and its salts
Barbituric acid
Benzyl cyanide
Diethyl malonate
D-lysergic acid
Ephedrine
Ergonovine and its salts
Ergotamine and its salts
Ethyl malonate
Ethylamine

- gamma butyrolactone (GBL), including butyrolactone, 1,2 butanolide, 2-oxanolone, tetrahydro-2-furanone, dihydro-2(3H)-furanone, and tetramethylene glycol, but not including gamma aminobutric acid (GABA)
Hydriotic acid
Insosafrole
Malonic acid
Methylamine
Morpholine
N-acetylanthranilic acid and its salts

- N-ethylephedrine
N-ethylpseudoephedrine
N-Methylephedrine
N-methylpseudoephedrine
Norpseudoephedrine
Phenyl-2-propanone
Phenylacetic acid and its salts
Phenylpropanolamine
Piperidine and its salts
Piperonal
propionic anhydride
Pseudoephedrine
Pyrrolidine
Safrole

any salt, isomer, or salt of an isomer of the chemicals listed above.

- Crystal iodine
Iodine at concentrations greater than 1.5% by weight in a solution or matrix
Red phosphorous, except as provided in Section 58-37c-19.7
anhydrous ammonia, except as provided in Section 58-37c-19.9
any controlled substance precursor listed under the provisions of the Federal Controlled Substances Act which is designated by the director under the emergency listing provisions set forth in Section 58-37c-14
any chemical which is designated by the director under the emergency listing provisions set forth in Section 58-37c-14.
All of the above



UTAH DEPARTMENT
OF COMMERCE

Division of Professional Licensing

APPLICATION CHECKLIST AND INSTRUCTIONS

NOTE: *Incomplete applications will be denied.*

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

The following items are required to complete your application:

- \$210.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either of the questionnaires. See page 3 of the application for more information.

Return completed application to:

In person or via express delivery:

Division of Professional Licensing
Heber M Wells Building
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

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

If you have questions, please contact the Division via our direct email address, b3@utah.gov or via the phone or fax listed below.