



**UTAH DEPARTMENT  
OF COMMERCE**  
**Division of Professional Licensing**

SPENCER J. COX  
*Governor*

MARGARET W. BUSSE  
*Executive Director*

MARK B. STEINAGEL  
*Division Director*

DEIDRE M. HENDERSON  
*Lieutenant Governor*

**REQUEST FOR INFORMATION  
CONTROLLED SUBSTANCE DATABASE PROGRAM (CSD)**

I, \_\_\_\_\_,  
DOB \_\_\_\_\_, State Issued ID, State \_\_\_\_\_, ID # \_\_\_\_\_,  
ADDRESS \_\_\_\_\_,  
CITY/STATE/ZIP \_\_\_\_\_, PHONE \_\_\_\_\_,

am requesting my own information from Utah's Controlled Substance Database Program (CSD), as authorized by law, [Utah Code Annotated § 58-37f-301(2)(q) and Utah Controlled Substance Rules, R156-37f-301(7)(a)(i)(b)].

Date range, maximum 5 years from current date: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE/TIME

Subscribed and sworn before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**CSD Staff Information**

Initials: \_\_\_\_\_  
Completion Date: \_\_\_\_\_  
Number of Entries: \_\_\_\_\_  
Date Range: \_\_\_\_\_