



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

SECURITY AGREEMENT

**Access to Utah's Controlled Substance Database Program (CSD) Information Pursuant to Utah Code
Ann. § 58-37f-301(2)(k)**

INDIVIDUAL DATABASE INFORMATION SECURITY AGREEMENT

In accordance with Utah Code Ann. § 58-37f-301(2)(k), I _____,
hereby request access to the CSD on-line program. I affirm to having a qualified exemption under § 58-
1-307 as a Licensed Pharmacist having authority to dispense controlled substances, to which, I possess
an active license in good standing in the State of _____, and I am employed at

(Name and location)

I have read Utah's Controlled Substance Database Act and Rules, and I understand that I may access
CSD information in accordance with Utah Code Ann. § 58-37f-301 & 58-37f-304. I also understand that
any violation or misuse of CSD information may be punishable as a third degree felony or a misdemeanor
and I may also be subject to a civil fine of up to \$5,000.00 per violation § 58-37f-601.

Name: _____ (Please Print Your Name)

Government Issued Photo ID Number: _____; State Issued: _____

Social Security Number: _____;

Professional License #: _____; State Issued: _____

Address for Professional License: _____

City: _____ State: _____; Zip-Code: _____

My Ph. #: _____, Employer Ph. # _____

My email address: _____

I hereby avow that I am entitled to access the CSD in accordance with 58-37f-301(2)(h), and that the above
information is true and accurate. I further avow that I agree to abide by the terms of use as provided on
the database website and agree not to violate or misuse database information in any way.

Signature: _____ Date: _____