MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE - PUBLIC HEALTH SERVICES

DIVISION OF DRUG CONTROL REGISTRATION FOR CONTROLLED DANGEROUS SUBSTANCES (CDS)

4201 Patterson Avenue – 5th Fl., Baltimore, Maryland 21215
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(Revised: 4/18/16)

ESTABLISHMENT APPLICATION	3-YEAR CDS REGISTRATION/CERTIFICATION	CDS #:

FOR OFFICE USE ONLY: APPLICATION AUDIT CONTROL SECTION	Processor Initials: _____ Date:____/_____/____ Note:	Do Not Write In This Section.

SEE INSTRUCTIONS ATTACHED. COMPLETE SECTIONS 1, 2 AND 3 BELOW. SIGN, DATE APPLICATION AND INCLUDE PAYMENT. APPLICATIONS TORN IN HALF, INCOMPLETE OR WITHOUT PAYMENTS WILL BE RETURNED, WHICH DELAYS PROCESSING. **REQUIRED**: UPDATED ESTABLISHMENT QUESTIONNAIRE (EQ) OR COPY OF APPROPRIATE LICENSE (L) AND EMAIL ADDRESS FOR RENEWAL NOTIFICATION.* **KEEP A COPY OF APPLICATION.**

SECTION 1: APPLICATION CLASSIFICATION, TYPE, PAYMENT AND FEE EXEMPT DETAILS

A. CLASSIFICATION - Check only one box ☑. For lawful registration, separate application required for each Establishment Classification.

	List 1 Chemical (Maryland Business Only)	Check which Schedules Apply:	I	II	III	IV	V
◘ Automatic Dispensing Machines (II-V) **(L)**							
◘ Animal Control Facility (II-III) **(L)**							
◘ Assisted Living Facility (II-V) **(L)**							
◘ Clinics (II-V) **(L)**							
◘ Drug/Alcohol Programs (II-V) **(L)**							
◘ Hospital (Human/Animal) (II-V) **(L)**							
◘ Long Term Care (II-V) **(L)**							
◘ Methadone (II-V) **(L)**							
◘ Pharmacy (II-V) **(L)**							
	◘ Distributor **(L)**	◘ Distributor **(L)**	◘	◘	◘	◘	◘
	◘ Exporter **(EQ)**	◘ Exporter **(L)**	◘	◘	◘	◘	◘
	◘ Importer **(EQ)**	◘ Importer **(L)**	◘	◘	◘	◘	◘
	◘ Manufacturer **(L)**	◘ Manufacturer **(L)**	◘	◘	◘	◘	◘
		◘ Laboratory-Analytical **(EQ)**	◘	◘	◘	◘	◘
		◘ Law Enforcement Agency-K-9 **(L)**	◘	◘	◘	◘	◘
		◘ Third Party Logistics-3PL **(EQ)**	◘	◘	◘	◘	◘

B. FEE PAYMENT DETAILS

(Fee Payable to DHMH-Drug Control)

TYPE	*FEE*
Renewal**	◘ $120
New	◘ $120
Address Change Only	◘ $50
Name Change Only	◘ $50
Duplicate CDS Permit	◘ $30
Change of Ownership	◘ $144
Closing	◘ $0

(Fees are Non-Refundable.)
****No additional fee for Name or Address change at time of renewal.**

FOR OFFICE USE ONLY

App. Receive Date: / /
Deposit Date: / /
Check/Mo #:
Processor Initials:
Do Not Write In This Section.

C. FEE EXEMPT DETAILS FOR GOVERNMENT AGENCIES

CHECK TYPE: ◘ ***State*** ◘ ***Local (Agency Unit Code):***

Agency/Institution Name	
Division/Department	
Agency/Institution Business Address	
Contact Telephone #	
Print Certifier Name	
Date: / /	
	(Signature of Certifier)

SECTION 2: APPLICANT DETAILS

A. Establishment Name/DBA	
B. Responsible Person Name (**print**)	(First)
	(Middle)
	(Last)
C. Title	
D. ***Business*** Address	
City/County/State/Zip	
E. ***Mailing*** Address City/State/Zip	
F. Telephone Nos.	Business No.:
	Fax No.(**Required**):
	Alternate or Cell No.:
G. Email Address* (**Required**)	

SECTION 3: PROFESSIONAL LICENSE DETAILS

A. Health Occupational Board, OHCQ, Other License #: | Expiration Date: / /

B. Federal DEA #: | Expiration Date: / /

C. Tax ID Number:

D. Has your federal, State or Health Occupational license ever been denied, suspended, restricted, revoked, reprimanded, or placed on probation? ◘**Yes** ◘ **No**

E. Has the responsible person ever been convicted of a violation of law pertaining to CDS? ◘**Yes** ◘ **No**

F. Have restrictions been placed on the entity's handling of CDS? ◘**Yes** ◘ **No**

If yes is the answer to any of the above questions, submit a detailed explanation and copies of pertinent/supporting documentation.

SIGNATURE OF RESPONSIBLE PERSON:

DATE: / /

Your signature attests to the fact that the information provided is accurate.

It is the sole and continuing responsibility of the CDS Registrant to ensure the Division of Drug Control (DDC) has the correct and current address information on file for the issued CDS Registration.