CPD-2L REV 9/09

## STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

**Drug Control Division** 

Telephone: (860) 713-6065 Email: drug.control@ct.gov Web site: www.ct.gov/dcp



For Official Use Only				

## CONTROLLED SUBSTANCE LABORATORY REGISTRATION APPLICATION

As required by the provisions of Chapter 420b of the Connecticut General Statutes, application is hereby made to the Connecticut State Department of Consumer Protection for a license to function within the State of Connecticut as a laboratory for the purpose of research, instruction or analysis using controlled substances.

→ Return completed application and fee to:

Department of Consumer Protection License Services Division 450 Columbus Blvd, Suite 801

Fee Due: \$80.00

Make check or money order payable to: "Treasurer, State of Connecticut"

Hartford CT 06103					
Name of Company, Firm, Corporation or Individual under which function is performed					
Street Address		City	State	Zip Code	
Telephone Number (w/ area code)	FEIN # or SS#	Email Address			
Name and Title of Registrant for Laboratory (Name to Appear on License)					
Mailing Address (If different than above)					
Street Address		City	State	Zip Code	
Names of Members of Company, Firm, Corporation , Titles and Addresses: (Attach list if needed)					
Name(s), address(es) and telephone number(s) of person(s) handling drugs:					
Has any person handling drugs been convicted of a violation of any law of the United States or of any state relating to a controlled drug within 5 years of date of this application?  Yes No If yes, give details on an attached sheet.					
Type of Laboratory: (Check (✓) only one)  ☐ Instruction ☐ Research ☐ Analysis ☐ Other (Please Specify)  Briefly explain the laboratory function:					
Types of Drugs to be Handled:  Controlled Substances: Schedule I Schedule II Schedule III Schedule IV Schedule V  (Research)					
Names of Controlled Substances to be used:					
Briefly describe how Controlled Substances are to be used:					
Is the laboratory part of an experimental drug research program?					
Where applicable, provide:					
Federal FDA Registration # Federal Controlled Substance Registration	n #	Any Previous Connecticut Consumer Protection Laboratory License #			
I certify that the information contained in this application is the truth to the best of my knowledge.					
Signature of Applicant		Title Date	<del></del>		