



Instructions: Write legibly or type as follows. Complete: 1) this form; and 2) Form 3220 FR.02 *Application for Controlled Substance Laboratory License – State of CT*. Note that certain items on the State application are pre-filled. Do **not** change these fields. On State application, indicate **Name and Title of Registrant for Laboratory** as follows: Name, credentials, Yale title, Department, campus building and room where drugs will be stored. **Example:** John Smith, PhD, Associate Professor, Pathology, SHM B-101. Obtain applicant and authorizer signatures. Send both completed forms to: EHS, Restricted Items Program, 135 College Street, 1st Floor, New Haven, CT 06510. Phone: 203-737-2121. Do **not** attach a check. Payment will be made by EHS and charged to the COA charging instructions listed below. **Disregard payment and mailing information on the State application. EHS will process the form and payment for you.**

Today's Date:		<input type="checkbox"/> New	If Renewal, current DCD#:	
		<input type="checkbox"/> Renewal		

Principal Investigator			
Name:		Email:	
Phone:		Fax:	
Dept. Name:		Campus Address:	

Lab Supervisor	
Name:	Phone:

Location Where Material Will be Stored	
Building:	Room:

Business Office Contact			
Name:		Email:	
Phone:		Fax:	
Dept. Name:		Campus Address:	

Distribution Code	
Indicate the COA charging instructions to be used for the \$80.00 license fee. EHS will process the payment.	
Company	
Yale Designated	
Grant	
Gift	
Cost Center	
Program	
Project	
Spend/Revenue Category	
Ledger Account	
Location	
Assignee	

Authorizer (Business Office)			
Name:		Signature:	Date:

For EHS Use Only			
Date received:		Received by:	
CR Number:		CR Date:	
Date Mailed to State:		Date Received from State:	
DCD Number:		Exp. Date:	
Date to PI:		Date Entered into Database:	

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