PTAEAO Approval for State DCD Controlled Substance License

Revision Date: 6/15/10

INSTRUCTIONS: Write legibly or type both forms as follows:

Complete: 1) this form, and 2) the State of Connecticut Application for Controlled Substance Laboratory License.

Note that certain items on the State application are pre-filled. Do not change these fields.

On State application, indicate Name and Title of Designee for Laboratory as follows:

Example: John Smith, PhD, Associate Professor, Pathology, SHM B-101

Obtain applicant and authorizer signatures.

Send both forms to: Restricted Items Program, EHS, 135 College Street 1st floor ATT: Linda Mouning (ph: 737-2121)

Do not attach a check. Payment will be made by EHS and charged to the PTAEO listed below.

Disregard payment and mailing information on the State application. OEHS will process the form and payment for you.

New  Renewal: current DCD #: 

TODAY'S DATE:

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:

PROJECT TASK AWARD EXP. TYPE ORGANIZATION 

Indicate PTAEO to be used for $80.00 license fee. OEHS will process the payment.

AUTHORIZER (Business Office)

NAME     SIGNATURE     DATE

FOR OEHS USE ONLY:

Date received __________________________  Received by __________________________  CR Number __________________________  CR Date __________________________  
State Information:  
Date Mailed __________________________  Date Rec'd from State __________________________  
License Info:  
DCD # __________________________  Exp. Date __________________________  
Date to PI __________________________  Date Entered into Database __________________________  

Disregard payment and mailing information on the State application. EHS will process the form and payment for you.

Send both forms to: Restricted Items Program, OEHS, 135 College Street 1st floor, New Haven CT 06510

6/15/10  Questions? Contact EHS@yale.edu  Page 1 of 1