



REGISTRATION FOR A FACILITY TO BE AN AUTHORIZED COLLECTOR FOR DRUG DISPOSAL

Applicant—Please provide the information requested below. (Print or Type)

Name of Facility		Telephone Number	
Street Address		Fax Number	
City	State	Zip Code	
Email address			
If a current pharmacy permit is held, indicate the permit number. If a narcotic treatment program, indicate the controlled substance registration number. 0201- 0220-			
Expected start date for collection of drugs for disposal		Has the facility modified its DEA registration and been authorized by DEA to act as an authorized collector? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Intended method or methods of collection (i.e., collection receptacle or mail-back program)			
Signature of Pharmacist-In-Charge or Medical Director of Narcotic Treatment Program			