Commonwealth of Massachusetts, Department of Public Health, Drug Control Program
99 Chauncy Street, Boston, MA 02111
Telephone 617 983-6700

Application for Massachusetts Controlled Substances Registration for Municipalities and Non-Municipal Public Agencies for use of Nerve Agent Antidotes and Epinephrine

In Accordance with the Controlled Substances Act, M.G.L. Chapter 94C

A single Massachusetts Controlled Substances Registration is required for each municipality and non-municipal public agency that wishes to authorize certain of their public employees to administer approved Nerve Agent Antidotes and/or Epinephrine and/or naloxone or other opioid antagonist in accordance with 105 CMR 700.000.

Please be sure to:

- Obtain copy of regulations at 105 CMR 700.000.
- Complete the application form.
- Enclose check or money order for $300 made payable to "Commonwealth of Massachusetts". (*PLEASE NOTE: during the public health emergency this fee is waived and there is no fee associated with this application*)
- Attach copies of the Medical Director's Board of Registration in Medicine License and Massachusetts Controlled Substances Registration (MCSR).
- Sign and date the form at the bottom.
- Mail to the address above.

Incomplete applications will be returned and will cause a delay in receiving your MCSR. Do not send originals of any supporting documents as they will not be returned. Send photocopies only.

For further information visit our Web site at http://www.mass.gov/dph/dcp

Application Type: ❑ New ❑ Renewal ❑ Amended Information

Categories Requested: ❑ Nerve Agent Antidote ❑ Epinephrine ❑ Naloxone

In the boxes below enter the requested information.
1) Applicant: (Municipality or Public Agency Name)
2) Applicant Address: (Applications that include a P.O. Box number without a street address cannot be processed.) Street: City: State: ZIP:
3) Applicant Telephone No.: ( ) area code
4) Applicant Federal Tax ID No.: (Required by M.G.L. c. 30A, s. 13A)
5) Name of Medical Director (Authorized licensed practitioner):

I hereby certify that the information on this application is true to the best of my knowledge, and that the applicant will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A that the applicant has to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.

Signed under the pains and penalties of perjury.

Signature of Medical Director: _____

Date: _____