

# INSTRUCTIONS FOR APPLICATION FOR ILLINOIS CONTROLLED SUBSTANCES REGISTRATION FOR EUTHANASIA AGENCY

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
with the application and required fee unless otherwise directed in the instructions.*

1. A separate Controlled Substances registration is required for each agency.
2. Federal registration is mandatory before any activity relating to or the use of controlled substances is permitted.
3. A State Controlled Substance Registration is a prerequisite for Federal Controlled Substances Registration. For information concerning Federal registration contact:

Drug Enforcement Administration  
230 S. Dearborn, Suite 1200  
Chicago, IL 60604  
312/353-7875  
Web site: [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)

4. The required fee, made payable to the Department of Financial and Professional Regulation, must accompany this application. The required fee is: **\$5**

If you currently hold an Illinois Controlled Substance license and are requesting a (1) change of address; or (2) change of name, the required fee of \$20 must accompany this application along with the original, incorrect license and pocketcard.

5. Item 6 on the application will be the address to which the license will be issued and must be the address where the activity will be conducted.
6. Send completed application to:  
Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, IL 62791

**Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).**

# APPLICATION FOR ILLINOIS CONTROLLED SUBSTANCES REGISTRATION FOR EUTHANASIA AGENCY

IMPORTANT NOTICE: Completion of this form is required by 720 of the Illinois Compiled Statutes. Disclosure of this information is "Mandatory." Failure to comply could result in a fine up to \$30,000.

If you currently hold an Illinois Controlled Substance License, indicate reason for filing application:  
 Change of Address       New Application       Change in Schedule of Drugs  
 Change of Name       Additional Location

Current Illinois License No.:  
\_\_\_\_\_

1. PROFESSION CODE      2. TYPE OF BUSINESS OWNERSHIP  
**328**       Individual       Partnership       Corporation       Government Owned Facility

3. NAME OF AGENCY APPLYING FOR LICENSURE      4. AGENCY LICENSE NUMBER      5. BUSINESS TELEPHONE (w/Area Code)  
\_\_\_\_\_      **228 -**      \_\_\_\_\_

6. NAME OF OWNER      7. FAX # (w/Area Code)  
\_\_\_\_\_      \_\_\_\_\_

8. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE, COUNTY      9. E-MAIL ADDRESS  
\_\_\_\_\_  
10. IF INDIVIDUAL OWNER, COMPLETE 8a THROUGH 8c.  
10a. Social Security Number      10b. Date of Birth      10c. Sex

11. NAME OF CERTIFIED EUTHANASIA TECHNICIAN RESPONSIBLE FOR DRUGS      12. CERTIFIED EUTHANASIA TECHNICIAN LICENSE NUMBER  
\_\_\_\_\_      **235 -**

13. HOME ADDRESS OF EUTHANASIA TECHNICIAN RESPONSIBLE FOR DRUGS      14. HOME TELEPHONE (Include Area Code)  
\_\_\_\_\_      \_\_\_\_\_

15. Have you (the applicant) applied for or do you have registration under the Federal Controlled Substances Act?  
Applied:     Yes     No      Registered:     Yes     No

16. Check all applicable schedules and list each specific drug handled. Any license issued pursuant to this application applies only to the schedules checked.

<input checked="" type="checkbox"/>	SCHEDULE	LIST SPECIFIC DRUGS
	Schedule II (Non-Narcotic)	
	Schedule III (Non-Narcotic)	

17. NAME AND ADDRESS OF SOURCE OF CONTROLLED SUBSTANCES  
\_\_\_\_\_

18. Has applicant, or any names therein listed, ever been charged in a court of law, hearing, or other administrative procedure with any violation of the laws of the United States or of any individual state relating to drugs, liquor, poisonous substances or any felony offense?     Yes     No (If "Yes," state all particulars, dates, places and present status on separate sheet.)

19. Has applicant, or any of the persons listed above, ever had any disciplinary action taken against him/her or been convicted of any violation of the laws of the United States or of any individual state, relating to the manufacture, distribution, or dispensing of Controlled Substances?     Yes     No (If "Yes," state all particulars, dates, places, and present status on separate sheet.)

I hereby certify that I personally completed this application, that the answers appearing hereon are true and correct to the best of my knowledge and belief, and that I am legally authorized to sign for this business.

\_\_\_\_\_  
Signature of Certified Euthanasia Technician      Date

**I UNDERSTAND FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.