CPD-2L REV 9/09

For Official Use Only

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

Drug Control Division
Telephone: (860) 713-6065
Email: drug.control@ct.gov
Web site: www.ct.gov/dcp

CONTROLLED SUBSTANCE LABORATORY REGISTRATION APPLICATION

As required by the provisions of Chapter 420b of the Connecticut General Statutes, application is hereby made to the Connecticut State Department of Consumer Protection for a license to function within the State of Connecticut as a laboratory for the purpose of research, instruction or analysis using controlled substances.

➡Return completed application and fee to:
Department of Consumer Protection
License Services Division
165 Capitol Avenue
Hartford CT 06106

Fee Due: $ 80.00

Make check or money order payable to: "***Treasurer, State of Connecticut***"

Name of Company, Firm, Corporation or Individual under which function is performed			
Street Address	City	State	Zip Code
Telephone Number (w/ area code)	FEIN # or SS#	Email Address	
Name and Title of Registrant for Laboratory (Name to Appear on License)			
Mailing Address (If different than above)			
Street Address	City	State	Zip Code
Names of Members of Company, Firm, Corporation , Titles and Addresses: (Attach list if needed)			
Name(s), address(es) and telephone number(s) of person(s) handling drugs:			
Has any person handling drugs been convicted of a violation of any law of the United States or of any state relating to a controlled drug within 5 years of date of this application? ☐ Yes ☐ No *If yes, give details on an attached sheet.*			

Type of Laboratory: (Check (✓) only one)

☐ Instruction ☐ Research ☐ Analysis ☐ Other (Please Specify) _____

Briefly explain the laboratory function:

Types of Drugs to be Handled:

Controlled Substances: ☐ *Schedule I* (Research) ☐ Schedule II ☐ Schedule III ☐ Schedule IV ☐ Schedule V

Names of Controlled Substances to be used:	
Briefly describe how Controlled Substances are to be used:	
Is the laboratory part of an experimental drug research program? ☐ Yes ☐ No	
Where applicable, provide:	
Federal FDA Registration # Federal Controlled Substance Registration #	Any Previous Connecticut Consumer Protection Laboratory License #

I certify that the information contained in this application is the truth to the best of my knowledge.

Signature of Applicant	Title	Date