Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

CONTROLLED SUBSTANCES BOARD

Instruction Sheet for Application for Controlled Substances Authorization

1. Complete all items on the attached application. (Type or print.) Questions may be directed to the Controlled Substances Board (CSB) at (608) 266-2112.

2. Under Wisconsin Statute 961.43, all statements must be true and correct:

   "(1) It is unlawful for any person:

   (a) to acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge;...

   (2) Any person who violates this section may be fined not more than $30,000 or imprisoned not more than four years or both."

3. FEES

   Per SUBCHAPTER II Section 961.335(3)
   No fee is charged for permits issued to employees of state agencies or institutions.

   Permit fee $25.00-
   (For each application or renewal there is a non-refundable fee. Fees will be paid at the time the application for authorization is submitted.)

   Amendment fee $5.00-
   (Amendments to the authorization should be requested in writing. They must be accompanied by fee, unless the amendments are requested at the time the renewal application is submitted.)

   Make checks payable to: Department of Regulation and Licensing

4. Sign and date application and return it to: Wisconsin Department of Regulation and Licensing, Controlled Substances Board, P.O. Box 8935, Madison, WI 53708-8935.

5. The **complete** application will be considered at the next Controlled Substances Board meeting. Failure to submit all requested information may result in a delay in processing the application.

6. You will be notified of approval or denial.

7. You must also apply for registration with the federal Drug Enforcement Administration (DEA) in order to acquire controlled substances. You may apply simultaneously to DEA and CSB. DEA approval is contingent upon CSB approval: Applications may be requested from:

   DEA Diversion
   1000 N. Water Street Suite 1010
   Milwaukee, WI 53202
   (414) 297-3395 or 297-3504

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8. **IMPORTANT:** The applicant must maintain current and accurate records of all receipts and dispositions of controlled substances obtained pursuant to the issuance of the authorization.

   In accordance to federal and state laws, all Special Use Authorization (SUA) holders are **only** allowed to have drug/substance amounts that have been previously authorized and approved by the Controlled Substances Board. Any additional drug/substance amounts that are not authorized by the Controlled Substances Board is a violation of federal and state laws. An SUA may be revoked for this violation.

   Please be advised you need to contact the Drug Enforcement Administration for authorization to destroy or otherwise properly dispose of **all controlled substances**.

9. The CSB authorization will expire one year after its issuance. Failure to apply for renewal will cause automatic termination of the authorization. You will be sent renewal forms approximately 90 days prior to expiration.

10. Research in which controlled substances are administered to human subjects must be under the direct supervision of a physician currently licensed to practice in Wisconsin.

Amendments

It is required to file an amendment with the Controlled Substances Board for a change to your current authorization prior to the expiration date. The following changes must be approved by the board.

1. Change in original authorization holder.
2. New individuals added who are participating in the functions for which the Authorization was approved.
3. Additional drug amounts that need to be purchased for more than what was previously authorized for you to have in your possession.
4. Any new controlled substance that was not previously authorized for you to have in your possession.

These requests must be filed and approved by the Board prior to purchasing any new amounts.

To file an amendment with the Controlled Substances Board you will need to submit in writing you request for the need and the justification for this change. Please include your SUA permit number.

A $5.00 fee is required. Please make checks payable to: Department of Regulation and Licensing.

Once the request is received, it will be reviewed by a board advisor for approval. Upon approval you will be issued an amended SUA with the changes shown.

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CONTROLLED SUBSTANCES BOARD

APPLICATION FOR CONTROLLED SUBSTANCES SPECIAL USE AUTHORIZATION

Authorization Number _____
Expiration date _____

CHANGES OR CORRECTIONS: LINE OUT THE OLD, PRINT OR TYPE IN THE NEW

1. Name of Person Applying for Authorization: _____

   Credential/Title of Applicant: _____

   Institution, research lab or business facility represented by or employing applicant:

   Name: _____

   Address: _____

   _____

   _____

   Telephone: ( ) _____ FAX #: ( ) _____

2. Category of Authorization(s) that apply:

Analytical Laboratory	[ ]	Narcotic Dog Training	[ ]
Animal Translocation	[ ]	Industrial/Commercial Processing	[ ]
Humane Society	[ ]	Instructional Activities	[ ]
Research	[ ]		

   Other special uses, specify: _____

3. DEA # _____

FEES

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Amendment fee $5.00-
(Amendments to the authorization should be requested in writing. They must be accompanied by fee, unless the amendments are requested at the time the renewal application is submitted.)

Make checks payable to: Department of Regulation and Licensing

For Receipting Use Only

#2184 (Rev. 3/03)
Ch. 961, Stats.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

4. CONTROLLED SUBSTANCES

All drug/substance amounts must be given in weight if solid or volume and concentration if liquid.

A.

Drug/Substance (No Brand Names)	Amount Previously Authorized For You To Have In Your Possession

Amounts of Inventory on Hand	+	New Amounts Needed to Purchase	=	Total Amount Requested For Authorization (This must include inventory on hand and new purchases.)

B.

New Drug/Substance (No Brand Names)	New Drug Substance Amount Requested for Authorization

Please provide justification for any new drug/substance.

IMPORTANT: The applicant must maintain current and accurate records of all receipts and dispositions of controlled substances obtained pursuant to the issuance of the authorization.

In accordance to federal and state laws, all Special Use Authorization (SUA) holders are only allowed to have drug/substance amounts that have been previously authorized and approved by the Controlled Substances Board. Any additional drug/substance amounts that are not authorized by the Controlled Substances Board, is a violation of federal and state laws. An SUA may be revoked for this violation.

A Drug Enforcement Administration (DEA) registration pursuant to section 823 of the Controlled Substances Act (the Act) to manufacture, distribute, or dispense a controlled substance or a List I chemical may be suspended or revoked in accordance with section 824(a)(3) of the Act by the Attorney General [of the United States] upon a finding that the registrant has had his/her [State of Wisconsin Controlled Substances Board Special Use Authorization] suspended, revoked or denied by competent State authority and is no longer authorized by State law to engage in the manufacturing, distribution, or dispensing of controlled substances or List I chemicals or has had the suspension, revocation, or denial of his registration recommended by competent State authority. Suspension or revocation of a DEA registration would entail surrender of the registration certificate, any unused DEA Forms 222, and all controlled substances in the possession of the registrant.

Please be advised you need to contact the Drug Enforcement Administration for authorization to destroy or otherwise properly dispose of all controlled substances.

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5. **SECURITY:** Where will the controlled substances be stored and who will have access? The recommended procedure is a locked safe with access limited to those individuals shown on your application. If storage and use are at different locations, please indicate. ***See enclosed Physical Security Requirements for Controlled Substances.***

_____

_____

_____

6. From what source will the controlled substances be acquired?

_____

7. The applicant must maintain current and accurate records on all receipts and dispositions of controlled substances obtained pursuant to the issuance of this authorization.

8. Any authorization or amendment to this application expires at the expiration of this permit. **Note the expiration date on the permit.**

9. This authorization is expressly subject to such regulations and review that may be required by the Controlled Substances Board.

10. Describe your use for each controlled substance(s) listed on page 2.

- **Researchers:** New applicants must provide a research protocol and/or an Animal Care and Use Protocol. Renewal applicants must provide a protocol if there have been any changes in the research since the last renewal. If the research involves human subjects, provide verification of your Institutional Review Board (IRB) approval. Please estimate the number of animals and dosage per animal, procedure, etc., and volume and concentration for the year when appropriate.
- **Humane Societies:** Humane societies must estimate the number of animals and dosage per animal. Humane Society staff may not perform euthanasia until an approved euthanasia course has been completed. Please enclose copies of course completions for all new staff listed in item 11.
- **Narcotic Dog Handlers/Trainers:** Handlers/trainers must enclose a letter from the sheriff/chief of police authorizing possession of controlled substances as well as verification of membership in a national police dog association.
- **All other uses:** must provide a detailed description of the use of each controlled substance.

If this item is left blank or if no attachment is included, your application will not be reviewed.

_____

_____

_____

_____

_____

_____

_____

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_____

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11. Please list the individuals participating in the functions for which the Authorization was approved. If not previously authorized, please have new persons complete item 12.

Name: _____ Title: _____

_____ _____

_____ _____

_____ _____

PLEASE COMPLETE (ITEM 12) FOR EACH NEW AUTHORIZED INDIVIDUAL ONLY. (Duplicate page as necessary).

12. **ACKNOWLEDGMENT OF PARTICIPATION IN SPECIAL USE AUTHORIZATION #** _____

Name: _____ Title: _____

QUALIFICATIONS: _____

_____

I acknowledge participation in activities authorized under this Special Use Authorization and agree to comply with all Federal and State regulations governing such activities.

_____ _____

Signature Date

To be signed by the person listed in item 1:

13. Under penalty of Wisconsin Statute 961.43,* I declare that the statements contained herein are true and correct to the best of my knowledge and belief; and the authorization herein applied for is to cover only the person(s) indicated at the location specified and only for the controlled substances in the amounts authorized.

_____ _____

Signature Date

* Under Wisconsin Statute 961.43, all statements must be true and correct:
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(a) To acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge;....
(b) Any person who violates this section may be fined not more than $30,000 or imprisoned not more than four years or both."