

California Department of Justice
Bureau of Narcotic Enforcement
Controlled Chemical Substance Program
1102 "Q" Street, 6th Floor
Sacramento, California 95814

New _____ Renewal _____

APPLICATION FOR CONTROLLED CHEMICAL SUBSTANCE PERMIT

Name of person completing application: _____

Relationship to the business applying for the permit: _____
(i.e. owner, partner, manager, secretary, etc.)

PART I - BUSINESS INFORMATION

A. General Business Information

1. **Business or Corporate Name(s):** _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____ **Web site:** _____

2. **Business Ownership:** (if individual, complete 2a,d & e; if partnership, complete 2b,d & e; if corporation, complete 2c,d & e)

a. Individual

Name: _____ **Home Phone:** _____

Business Phone: _____

Residence Address: _____

City: _____ **Zip:** _____ **Date of Birth:** ___ / ___ / ___

b. Partnership

(1) List all partners and amount of interest held by each partner.

Name: _____ **Home Phone:** _____

Business Phone: _____

Title or Nature of Interest: _____

Residence Address: _____

City: _____ Zip: _____ Date of Birth: __/__/__

Amount Invested: \$ _____ Amount of Interest Held: _____ %

Name: _____ Home Phone: _____

Business Phone: _____

Title or Nature of Interest: _____

Residence Address: _____

City: _____ Zip: _____ Date of Birth: __/__/__

Amount Invested: \$ _____ Amount of Interest Held: _____ %

c. Corporation

Date of Incorporation: _____ Incorporation Number: _____ State: _____

List each corporate officer and member of the Board of Directors, their titles, and the nature of their interest in the business (Corporate Officers and members of the board of directors of publicly held corporations with 50 or more shareholders are exempt from this requirement).

Name: _____ Home Phone: _____

Title: _____ Work Phone: _____

Amount Invested: \$ _____ Amount of Interest Held: _____ %

Residence Address: _____ Date of Birth: __/__/__

City: _____ State: _____ Zip: _____

Name: _____ Home Phone: _____

Title: _____ Work Phone: _____

Amount Invested: \$ _____ Amount of Interest Held: _____ %

Residence Address: _____ Date of Birth: __/__/__

City: _____ State: _____ Zip: _____

Name: _____ Home Phone: _____

Title: _____ Work Phone: _____

Amount Invested: \$ _____ Amount of Interest Held: _____ %

Residence Address: _____ Date of Birth: ___ / ___ / ___

City: _____ State: _____ Zip: _____

Name: _____ Home Phone: _____

Title: _____ Work Phone: _____

Amount Invested: \$ _____ Amount of Interest Held: _____ %

Residence Address: _____ Date of Birth: ___ / ___ / ___

City: _____ State: _____ Zip: _____

Name: _____ Home Phone: _____

Title: _____ Work Phone: _____

Amount Invested: \$ _____ Amount of Interest Held: _____ %

Residence Address: _____ Date of Birth: ___ / ___ / ___

City: _____ State: _____ Zip: _____

Name: _____ Home Phone: _____

Title: _____ Work Phone: _____

Amount Invested: \$ _____ Amount of Interest Held: _____ %

Residence Address: _____ Date of Birth: ___ / ___ / ___

City: _____ State: _____ Zip: _____

d. List all designated on-site representatives responsible for the purchase, receipt, use, custody, transfer, or sale of any substance listed in Health & Safety Code Section 11100(a). (Anyone listed in this section of the application must fill out a personal history statement (part II of the application) and be fingerprinted)

Name: _____ Home Phone: _____

Title: _____ Work Phone: _____

Residence Address: _____

City: _____ Zip: _____ Date of Birth: __/__/__

Name: _____ Home Phone: _____

Title: _____ Work Phone: _____

Residence Address: _____

City: _____ Zip: _____ Date of Birth: __/__/__

e. List all employees with direct access to any controlled chemical substance listed in Health & Safety Code Section 11100(a). (Anyone listed in this section must be fingerprinted)

Name: _____ Date of Birth: __/__/__

Name: _____ Date of Birth: __/__/__

Name: _____ Date of Birth: __/__/__

Name: _____ Date of Birth: __/__/__

Name: _____ Date of Birth: __/__/__

Name: _____ Date of Birth: __/__/__

3. Business Type

_____ Retail _____ Wholesale _____ Mail Order
_____ Manufacturer _____ Research _____ Other

4. If the building in which the business and/or storage facility(ies) is located is not owned by the individual, any partner, or member of the corporation, indicate the owner or individual to whom rent is paid and the amount paid:

Name: _____ Phone: _____

Address: _____ Date of Birth: ___/___/___

City/State/Zip/ _____ Monthly Rent: _____

B. Controlled Chemical Substances Manufactured, Sold, Transferred, Furnished, or Received.

1. Pursuant to California Health & Safety Code section 11100, identify those controlled chemical substances which your business offers to its clients and/or which you receive from outside of California.

- | | |
|-------------------------------|------------------------------------|
| _____ Anthranilic Acid | _____ N-ethylephedrine |
| _____ Barbituric Acid | _____ N-ethylpseudoephedrine |
| _____ Benzyl Cyanide | _____ N-methylephedrine |
| _____ Chloroephedrine | _____ N-methylpseudoephedrine |
| _____ Chlorpseudoephedrine | _____ Norpseudoephedrine |
| _____ Diethyl Malonate | _____ Phenyl-2-propanone |
| _____ D-lysergic Acid | _____ Phenylacetic Acid |
| _____ Ephedrine | _____ Phenylpropanolamine |
| _____ Ergonovine Maleate | _____ Piperidine |
| _____ Ergotamine Tartrate | _____ Piperonal |
| _____ Ethylamine | _____ Propionic Anhydride |
| _____ Ethyl Malonate | _____ Pseudoephedrine |
| _____ Hydriodic Acid | _____ Pyrrolidine |
| _____ Isosafrole | _____ Safrole |
| _____ Malonic Acid | _____ Thionylchloride |
| _____ Methylamine | _____ Gamma-butyrolactone* |
| _____ Morpholine | _____ 1,4 Butanediol* |
| _____ N-acetylantranilic Acid | _____ Red Phosphorous* |
| | _____ Iodine or Tincture of Iodine |

* See listed controlled chemical substances under Health & Safety Code 11100(a).

2. Describe in detail what service the business provides or what products are manufactured using the controlled chemical substances noted above. Specify the use of each chemical and the approximate amount sold, transferred or received from outside California per year. Use an additional sheet if necessary.

3. Provide information on any training, education or experience which is required in the conduct of the business you have indicated above. Use an additional sheet if necessary.

C. Storage Facility

1. List all locations at which controlled chemical substances are stored, and the individual(s) responsible for disbursement and custody of those substances at each location. If there is more than one location, each location must submit an application.

Name of facility: _____ Phone: _____
(if different from business name)

Name of responsible agent: _____ Title: _____

Facility address: _____ City: _____ State: _____

2. Does this storage site comply with city/county ordinances and state/federal law and regulations governing fire, health and safety standards for storage?

Yes _____ No _____

3. Has this storage site ever been fined or cited by any federal/state/local jurisdiction for non-compliance of any law or regulation governing fire, health, or safety standards for storage?

Yes _____ No _____

If yes describe in detail the violation (code section violated and amount paid if fined) and what measures were taken to correct the problem.

PART II - PERSONAL HISTORY STATEMENT

Part II must be completed by EACH individual having a financial interest, manager, or designated onsite representatives who are responsible for the businesses manufacture, sale, transfer, furnishing or receipt from outside of the state any substance listed in Health & Safety Code Section 11100(a). Additional copies of this portion of the application may be obtained from the Controlled Chemical Substance Program or you may photocopy the appropriate number of copies necessary. (See Specific Instructions for details regarding who must complete this portion of the application)

1. Personal Information:

Last Name		First Name	Middle Name
Alias(es) (Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise. Why used, when and where.)			
Present Residence Address - Street or RFD		Since (date)	
City - State - Zip			
Mailing Address			
Present Business Name and Address		Since (date)	
City - State - Zip			
Occupation		Telephone # - Residence () Business ()	
Date of Birth		Place of Birth (City/County/State)	
Social Security #		Driver's License # _____	
Sex	Height	State _____ Expiration Date _____	
Eye Color	Hair Color	Scars, Tattoos, Distinguishing Marks	

2. Marital Information

Single _____ Married _____ Separated _____ Divorced _____

a. Current Marriage: _____
date of marriage City/County/State

Spouse's Full Name: _____

Maiden Name/other name(s) used: _____

Date of Birth: _____ Place of Birth: _____

Residence Address: _____

Home Phone: _____

Occupation: _____ Work Phone: _____

Employer: _____

Work Address: _____
street address city/state/zip

3. Military Information

Have you ever served in any armed forces? Yes _____ No _____
Branch: _____ Date of entry - Active Service: _____
Date of Separation: _____ Type of Discharge: _____
Rating at Separation: _____ Serial Number: _____

While in the military service, were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? Yes _____ No _____

If yes, furnish details on an additional sheet.

4. Conviction Information

- a. Have you ever been convicted of any criminal offense other than MINOR (under \$300.00 fine) traffic violations? Yes _____ No _____
- b. Have you ever been convicted of any offense involving controlled substances? Yes _____ No _____
- c. Have you ever been convicted of any felony that has been expunged pursuant to Penal Code Section 1203.4? Yes _____ No _____

From (mo/yr) To (mo/yr)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Chemicals Involved
Reason for Leaving		Supervisor

From (mo/yr) To (mo/yr)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Chemicals Involved
Reason for Leaving		Supervisor

From (mo/yr) To (mo/yr)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Chemicals Involved
Reason for Leaving		Supervisor

From (mo/yr) To (mo/yr)	Name/Mailing Address of Employer/Business	
Title	Description of Duties	Chemicals Involved
Reason for Leaving		Supervisor

PART III - AFFIDAVIT OF FULL DISCLOSURE FORM

STATE OF _____

COUNTY OF _____

I, _____, on behalf of _____, being duly sworn, depose and say that I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue a Controlled Chemical Substance Permit by the State of California. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a Controlled Chemical Substance Permit and/or the imposition of penalties specified in the Health & Safety Code.

I swear under penalty of perjury that the foregoing is true and correct.

Signature of Applicant

Subscribed and Sworn before me this _____ day of _____, 20_____.

Notary Public