



# CONTROLLED SUBSTANCE WAIVER

Date Received
Office Use Only

## Applicant Business Information

Name of Business:			
Address of Business: Number and Street	City	State	Zip Code

I am hereby requesting the Board to issue only a permit and that no activities requiring a controlled substance registration will be performed during the referenced period. I understand that providing a false statement or engaging in any activity requiring a controlled substance registration may result in discipline.

\_\_\_\_\_  
Signature Owner, Officer, or CEO only

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## FORM MUST BE NOTARIZED

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ A.D.  
APPLICATION MUST BE NOTARIZED

\_\_\_\_\_  
Notary Public (seal)