MISSISSIPPI
State Board of Pharmacy

Street/Mailing Address:
6360 I-55 North
Suite 400
Jackson, MS 39211

Office: 601-899-8880 Fax: 601-899-8851

APPLICATION FOR REGISTRATION TO HANDLE CONTROLLED SUBSTANCES

January 1, 2015 - December 31, 2015
FEE - $50.00

Business Name: University of Mississippi --

Mailing Address: Dept of P.O. Box 1848

City, State Zip: University, MS 38677-1848

County: Lafayette

DEA #: _____ **Federal Tax ID #:** _____

Principle Business Owner(s) or officers if Corporation: (Attach list if necessary)

(Name) (Address)

(Name) (Address)

Please check proper blank:

( ) Pharmacy ( ) Nursing Home ( ) Wholesaler [✔] Other (specify) Researcher

Drug Schedules Which Will Be Handled: (check all that apply)

[✔] Schedule II Narcotic
[✔] Schedule II Non-Narcotic
[✔] Schedule III Narcotic
[✔] Schedule III Non-Narcotic
[✔] Schedule IV (all)
[✔] Schedule V (all)

Applicant's signature: _____ Telephone: _____

Name typed or printed: _____ Fax: _____

E-mail address: _____

OFFICE USE ONLY

REGISTRATION NO.: _____ FILE NUMBER: _____

DATE ISSUED: _____ RECEIPT NUMBER: _____