



- MUST USE MOST **CURRENT FORM**
 - **PRINT CLEARLY**
 - **MAKE SURE ENTIRE CIRCLE IS FILLED**
- EXAMPLE:** Yes ● No ○

**CONTROLLED SUBSTANCES
REGISTRATION**

For Department Use Only

CERTIFICATION OF EXEMPTION FROM FEE

ELIGIBILITY REQUIREMENTS

ONLY AN OFFICER, EMPLOYEE OR AGENT OF, OR A UNIT OF FEDERAL, STATE OR LOCAL GOVERNMENT IS EXEMPT FROM PAYMENT OF REGISTRATION FEE. THE ADDRESS LISTED ON THAT FORM MUST CLEARLY REFLECT THE GOVERNMENTAL OR STATE AGENCY BY WHICH AN APPLICANT IS EMPLOYED. EXEMPTION AUTHORIZES APPLICANT TO HANDLE THE CONTROLLED SUBSTANCES AT EXEMPT LOCATION ONLY. **THIS FORM MUST ACCOMPANY APPLICATION FORM IN WHICH YOU ARE CLAIMING EXEMPTION.**

APPLICANT INFORMATION (AS LISTED ON FORM NAR-77, NAR-77A, NAR-77B NAR-78, NAR-78A OR NAR-78B)

Applicant or Provider's
Representative Name:

Email Address:

Current CSR Number (IF Any):

Current Board License Number:

Expiration Date: / /

Current Federal (DEA) Registration Number (IF Any):

Expiration Date: / /

Current National Provider Identifier (NPI) (IF Any):

GOVERNMENT UNIT INFORMATION

Name of governmental unit by whom Applicant is employed:
(e.g., U.S. Public Health Service, University of Texas, Harris County Hospital, Dallas City Health Clinic, etc.)

Business
Address:
(Physical Address
ONLY. No PO
Boxes.)

City: State: ZIP: County:

I verify the information provided below is true and correct, and I understand any required fee is **non-refundable**. I also understand this is an official government record and any missing information and/or false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Date: / / , _____
Signature of Applicant (Person required to sign: Hospital-Administrator, Pharmacy-Pharmacist-in-Charge, EMS-Administrator and Medical Director, **No Stamped Signatures**) (Printed Name)

Date: / / , _____
Signature of Certifying Supervisor (No Stamped Signatures) (Printed Name and Official Title)

Certifying Supervisor's
Phone Number _____

Certifying Supervisor's
Email Address _____

Submission

- **Online Secured Email**
 - [Contact Us](#), select "Controlled Substances" and complete the online form
 - <https://www.txdps.state.tx.us/rsd/contact/default.aspx>
- **Fax** to (512) 424-5799
- **Mailing Address:**

Controlled Substances Registration MSC 0438
Texas Department of Public Safety
P.O. Box 15888
Austin, Texas 78761-5888
- **Customer Contact:** (512) 424-7293