

**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**

**TYPE OR PRINT CLEARLY**

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 #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

2. Category of Authorization(s) that apply:

- |                       |     |                                     |     |
|-----------------------|-----|-------------------------------------|-----|
| Analytical Laboratory | [ ] | Narcotic Dog Training               | [ ] |
| Animal Translocation  | [ ] | Industrial/Commercial Processing    | [ ] |
| Humane Society        | [ ] | Instructional Activities            | [ ] |
| Research              | [ ] | Drug Movement for Training Purposes | [ ] |

Other special uses, specify: \_\_\_\_\_

3. DEA # \_\_\_\_\_

**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 prior to renewal 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 Receiving Use Only**

# Wisconsin Department of Regulation & Licensing

4.A. CONTROLLED SUBSTANCES Previously authorized to have in your possession.

**\*All drug/substance amounts must be given in weight if solid**

**OR**

**volume and concentration if liquid\***

<b>Drug/Substance (no brand names)</b>		<b>Amount Approved From Last Year For You To Have In Your Possession</b>		<b>Amount Inventory On Hand</b>	+	<b>New Amounts Need To Purchase</b>	=	<b>Total Amount Requested For Authorization</b> <small>(This must include inventory on hand and new purchases.)</small>

# Wisconsin Department of Regulation & Licensing

4.B. NEW CONTROLLED SUBSTANCES

**\*Provide justification for any new substances\***

**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.

Drug/Substance (no name brands)	New Drug Substance Total Amount Requested For Authorization (amounts must be given in weight if solid or volume and concentration if liquid)

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.

You are advised to contact the Drug Enforcement Administration for authorization to destroy or otherwise properly dispose of all controlled substances.

# Wisconsin Department of Regulation & Licensing

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, indicate below. *See Physical Security Requirements for Controlled Substances form # 2277.*

---

---

---

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 section 4A and 4B.

- **Researchers: For approval of your authorization you must submit the below requirements and complete section 11.**

All applicants must submit a detailed one page description of each research protocol that involves the use of controlled substances. An Animal Care and Use Protocol must also be submitted when the protocol involves the use of animals.

**In addition to the protocol:**

Research involving animals, must provide a copy of IACUC approval form and calculations that lead to requested amounts.

Research involving human subjects, must provide verification of Institutional Review Board (IRB) approval and calculations that lead to the requested amounts.

Research that does not involve the use of animals must provide the calculations that lead to the requested amounts.

- **Humane Societies: For approval of your authorization you must submit the below requirements and the Translocation and Euthanasia Annual report form # 2530.**

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. Provide a copy of course completions for all new staff listed in item 12.

- **Narcotic Dog Handlers/Trainers: For approval of your authorization you must submit the below requirements and complete the Confirmation of Understanding form # 2385.**

Handlers/trainers must enclose a letter from the sheriff/chief of police authorizing possession of controlled substances and willingness to accept responsibility for the controlled substances as well as verification of membership in a national police dog association.

- **All Other Uses: For approval of your authorization you must complete the below requirement.**

All other uses must provide a detailed description of the use of each controlled substance requested on the space provided . If this item is left blank or if no attachment is included, your application will not be reviewed.

---

---

---

---

---

# Wisconsin Department of Regulation & Licensing

## 11. RESEARCH PROTOCOL

For each individual protocol listed, you must provide the name and concentration of the drug, the dosage used per animal, the weight of the animal, the number of animals and the total amount of drug used. (Copy and submit this sheet if more than one protocol is being used.)

**Example A: Drug (mg/kg) x Weight of Animal x Number of Animals = Amount of Drug**

**Example B: Ketamine 100 mg/ml (16 mg/kg x 300 g Rat Weight x 200 Rats) = 9.6 ml**

### PROTOCOL CHART

Protocol #	Expiration Date	Description

### DRUG DOSAGE INFORMATION

Drug			
Animal Species			
N (Total Number Of Animals Per Year)			
Average Weight (kg)			
Average Dosage (mg/kg)			
Number of Doses Per Animal			
Total dose for Number Of Animal (mg)			
Unit Size (mg/ml)			
Drug Amount Needed (ml)			
Estimated Amount For Year (ml)			
<b>Grand total</b>			

# Wisconsin Department of Regulation & Licensing

12. List the individuals participating in the functions for which the Authorization was approved. If not previously authorized, have each new person complete item 13.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE (ITEM 13) FOR EACH NEW AUTHORIZED INDIVIDUAL ONLY. (Duplicate page as necessary).**

13. **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:

14. 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:

“(1) It is unlawful for any person:

(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.”