This certificate is for "Educational Institutions...and persons engaged in Commercial, Industrial, or Agricultural Activities." Hobbyists and personal pet owners are NOT eligible. This application is for the purpose of establishing your qualifications under Section 80.133 of Title 10 Regulations which can be viewed online at http://www.health.state.ny.us/regulations. You must indicate all proof of <u>engagement</u> in a business enterprise.

## **COMPLETE ALL SECTIONS**

## 1. ACTIVITY TYPE-Check category for which you are applying (Must send proof)

EDUCATIONAL INSTITUTION INDUSTRIAL ACTIVITY COMMERCIAL ACTIVITY AGRICULTURAL ACTIVITY

#### 2. APPLICANT INFORMATION

Name	_D/B/A (If Applicable)		
Address	_City	_State	_Zip
County	Phone		

Has a D/B/A Certificate or a Certificate of Incorporation been filed with the County Clerk or the Secretary of State?

 Yes
 Date Filed\_\_\_/\_\_\_
 Copy Enclosed

 No

Have you or your business been convicted, fined, censured or had a license suspended or revoked in any administrative or judicial proceeding pertaining to controlled substances or other drugs?

Yes Attach a sheet with complete explanation

No

# 3. FACILITY INFORMATION

OWNERSHIP	INDIVIDUAL - Sj Needles	pecify Reason for Need	to Possess Hypodermic Syringes and			
	PARTNERSHIP -	Give Federal Employed				
	CORPORATION	- Give Federal Employe	siness or tax purposes ee Identification usiness or tax purposes			
Date Established_	//	Date Acquired by Applicant//				
CERTIFICATIONS-List all licenses, certificates or registrations you or your business currently hold						
ISSUING AGEN	CY	NUMBER	<b>EXPIRATION DATE</b>			

4.

#### 5. AUTHORIZED INDIVIDUALS

A) Person to be responsible for supervising the use of syringes and needles

	Name	_Title				
B)	List the individuals responsible for the custody of syringes and needles					
	Name	_Title				
	Name	_Title				
	(Attach additional sheet with names and titles if necessary)					
C)	C) Specify location where syringes and needles will be used					
D)	D) Purpose for the use of syringes and needles					
E)	Indicate the maximum annual usage of Syringes	Needles				
SECURITY OF SYRINGES AND NEEDLES						
A) Identify type of cabinet to be used for storage of syringes and needles						
B)	B) Identify location of cabinet					

C) Identify type of locks to be used\_\_\_\_\_

# 7. CERTIFICATE OF APPLICANT

6.

Under the penalties of perjury, I affirm that the statements herein are true and that I will comply with NYCRR Title 10, Section 80.133 of New York State Rules and Regulations.

Print Name\_\_\_\_\_

Signature	 	 _

Title\_\_\_\_\_ Date\_\_\_\_/\_\_\_/

Mail completed form to: Bureau of Narcotic Enforcement Riverview Center 150 Broadway Albany, New York 12204 1-866-811-7957 (Option #3)