CSM-02, REV 4/11

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STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Drug Control Division
Telephone: (860) 713-6065
Web Site: www.ct.gov/dcp

# LICENSE APPLICATION FOR OUT OF STATE MANUFACTURER OF DRUGS, MEDICAL DEVICES, AND/OR COSMETICS

As required by the provisions of Chapter 420b of the Connecticut General Statutes, application is hereby made to the Connecticut State Department of Consumer Protection for a registration to do business within the State of Connecticut as a manufacturer of drugs and/or medical devices and/or cosmetics.

Return completed application:

**DCP.DrugManufacturers@ct.gov or**

**Via Fax to (860) 706-1341**

Along with this application please submit the following:
1. A copy of your FDA registration (from the FDA website is acceptable).
2. A copy of your registration from the state in which you manufacture (if applicable).

*Please note that there is no fee associated with this application

| Name of Company, Firm, or Corporation under which function is performed | | | |
|---|---|---|---|
| Street Address | City | State | Zip Code |
| Telephone Number (with area code) | FEIN Number | Email Address | |

Indicate Organizational Structure:
☐ Sole Proprietor ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Other (explain)

Names of Principal Officers of the Company, Firm, Corporation , Titles and Home Addresses: (Attach list if needed)

List all other firm names, corporations, divisions, subsidiaries, etc. (indicating category) and their business address(es) under which a manufacturers business is conducted: (Attach list if needed)

Has the corporation or any officer thereof, or any partner or the individual owner (within 5 years of the date of this application) been convicted of a violation of any law of the United States or of any state relating to controlled drugs?
☐ Yes ☐ No *If YES, please give details on an attached sheet*

**Types of Products Manufacturerd in the State of Connecticut:**

**Controlled Substances:** ☐ **Schedule I** ☐ **Schedule II** ☐ **Schedule III** ☐ **Schedule IV** ☐ **Schedule V**

☐ **RX Legend Drugs** ☐ **Non RX Legend Drugs (patent medicines, proprietaries, etc.)** ☐ **Medical Devices** ☐ **Cosmetics**

Briefly explain your type of business, giving types of customers serviced and whether products are produced, prepared, cultivated, grown, compounded, converted, processed, packaged, repackaged, labeled or relabeled under own or any other trademark or label:

**I certify that the information contained in this application is the truth to the best of my knowledge.**

Signature of Applicant _____

Title: _____ Date _____