



CANNON BUILDING
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STATE OF DELAWARE
OFFICE OF CONTROLLED SUBSTANCES

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**REQUEST TO CHANGE CONTROLLED SUBSTANCES REGISTRATION LOCATION
FOR PRACTITIONERS**

INSTRUCTIONS

Use this form to request a change in the location where you store, dispense or prescribe controlled substances. **Submit a separate form for each controlled substances registration (CSR) on which you need to change the location address.**

- Complete and sign a *Request to Change Controlled Substances Registration Location for Practitioners* form.
- If you wish to receive a duplicate CSR that shows the updated location address, enclose a [duplicate license fee](#) by check or money order payable to "State of Delaware." If you do not wish to receive a duplicate CSR, the updated address will appear on your next renewed CSR.

1. Name: _____

2. Enter registration number of the CSR on which you wish to change the **location** address: _____

3. **Current Location** Address: _____
Enter street address as it appears on the current CSR – no PO Box!

_____ DE _____
City State Zip

4. **New Location** Address: _____
Enter street address as it should appear after the change – no PO Box!

_____ DE _____
City State Zip

5. Will you store controlled substances for patient administration at the **new** location? Yes No

6. Will you dispense controlled substances at the **new** location? Yes No

7. Will you prescribe controlled substances from the **new** location? Yes No

8. Do you also need to change any of your contact information? Yes No **If yes, enter changes below:**

Mailing Address: _____

Phone: _____ Email: None _____

I certify that the facts stated in this request are true, complete and correct.

Signature: _____ **Date:** _____