

State of Florida
Department of Business and Professional Regulation
Drugs, Devices, and Cosmetics

Application for Exemption Authorization
Form No. DBPR – DDC – 227

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Drugs, Devices, and Cosmetics at 850.717.1800.

Section I – Application Type

CHECK ONE OF THE APPLICATION TYPES
<input type="checkbox"/> New Exemption [3311/1020]
<input type="checkbox"/> Exemption Amendment [3311/9007] – Current Exemption Number: _____

Section II – Exemption Qualification Criteria

CHECK THE APPLICABLE QUALIFICATION CRITERIA
<input type="checkbox"/> State, federal, or local governmental officer or employee
<input type="checkbox"/> Qualified person using prescription drugs for lawful <input type="checkbox"/> research, <input type="checkbox"/> teaching or <input type="checkbox"/> testing (check each that applies); not for resale.

Section III – Applicant Information

APPLICANT INFORMATION		
1. Applicant's Name (Last, First, Middle):		
2. Mailing Address (Street and Number):		
City:	State:	Zip Code:
Phone Number:	Email Address:	Fax Number:

Section IV – Applicant Information

BUSINESS ENTITY AND PHYSICAL LOCATION ADDRESS		
1. Business Entity Name (Name of Company individual works at):		
2. Mailing Address (Street and Number):		
City:	State:	Zip Code:
Phone Number:	Email Address:	Fax Number:
3. Physical Address (Street and Number) - Where the drugs/gases will be received and related records stored):		
City:	State:	Zip Code:
Phone Number:	Email Address:	Fax Number:

Section V – Education/Related Training

EDUCATIONAL DATA						
SELECT HIGHEST GRADE COMPLETED		High School	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		College	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		Graduate School	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Name of College or University	Location (City, State)	Dates Attended (MM/YY-MM/YY)	Did you Graduate	Major/Minor or Area of Study		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
RELATED TRAINING / COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)						
Name of School	Location (City, State)	Dates Attended (MM/YY-MM/YY)	Training Completed	Area of Training or Study		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

EXPERIENCE

Please summarize the qualified person's experience in working with (or using) prescription drugs for the purpose in which the prescription drugs are being used. For example, if the purpose for use of the prescription drugs is research, teaching, and testing, the summary and description should set out the qualified person's experience in using the prescription drugs research, teaching, and testing that qualifies the person for the exemption being sought.

Summary and Description of Experience:

Section VII - Affidavit

AFFIDAVIT

Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I hereby certify the following:

1. The drugs/gases will be secured and access to the drugs/gases will be restricted to authorized individuals.
2. The drugs are not for resale.
3. I am the individual who will be responsible for prescription drugs received under any exemption letter pursuant to this application.
4. I am empowered to execute this application as required by section 559.79, FS.
5. I understand that my signature on this application has the same legal effect as if made under oath.
6. All information contained on this application is true and correct. **I understand that falsification of any information on this application may result in administrative action, including a fine, suspension or revocation of the exemption and potential criminal penalties.**

Signature:

Date:

Print Name:

Submit your application, any additional pages, and all required supporting documentation to:

Drugs, Devices, and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
850-717-1800