

**STANDARDS & REGULATION DIVISON  
PHARMACEUTICAL & REGULATORY AFFAIRS DEPARTMENT  
MINISTRY OF HEALTH  
45-47 Barbados Avenue  
Kingston 5, Jamaica W. I.  
Tel: 633-7132 & 633-7137 ; Fax: 630-3630  
Email: [parchmentt@moh.gov.jm](mailto:parchmentt@moh.gov.jm) & [clarkes@moh.gov.jm](mailto:clarkes@moh.gov.jm)**

**Application Form**

**Authorization to Store & Handle Dangerous Drugs**

*(Please complete form, tick the appropriate box)*

Date of Application: .....

Type of Application:                      New                       Renewal

Professional Group:            Doctor     Pharmacist             Research Chemist

Nature of Business:            Doctor's Office     Pharmacy     Medical Centre     Research

Name of Business: .....

Company TRN.....

Address of Business: .....

Telephone: (H).....(W).....(C).....Fax Number.....

Email Address:.....

Name of Owner/Manager/Director/C.E.O:.....

Home Address of Manager.....

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Name of Applicant (PRINTED): .....

Home Address: .....

Professional Qualification.....

Professional Registration Number.....

Telephone: (H).....(W).....(C).....Fax Number.....

Email Address:.....

Drugs required and Annual Estimates (Use additional paper if required)

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Signature of Applicant.....

Pharmacy/Doctor's Stamp

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*Documents to be submitted with completed form are certified copies of qualifications and a copy of current practicing license from relevant professional Council e.g. Medical / Pharmacy Council.*

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**FOR OFFICE USE ONLY**

Signature of Chief Dangerous Drugs Inspector .....

Date of Approval.....Approval / Cert. #.....