STATE OF CONNECTICUT-DEPARTMENT OF CONSUMER PROTECTION

DRUG CONTROL DIVISION

165 CAPITOL AVENUE, HARTFORD, CONNECTICUT 06106

(860)713-6065

DCP.DrugDestruction@ct.gov

RECORD OF SURRENDER OR DISPOSAL

Registrant *CSP/CSL/PCY/etc* *Address*

The Following:

Controlled Substances ☐ *Legend* ☐ *OTC* ☐ *Restricted* ☐ *Chemical* ☐ *Records* ☐ *Other*

The above listed items have been: Destroyed___Received___Delivered___ on this date_____, by:

☐ ***Check this box is you agree to allow the Drug Control Division to destroy the surrendered product***

Authorized Signature-Registrant

Agent, Drug Control Division

Printed Name-Registrant

Assignment Number, If Applicable

This document should maintained for a minimum of 3 years from the date of destruction