Controlled Substances Change of Address Request Form

Principal Investigator: _____ Dept: _____

Lab Contact: _____

Telephone : _____ Fax: _____

CSL Number: _____ Expiration Date: _____
(Research License)

DEA Number: _____ Expiration Date: _____
(Research License)

Original Storage Location:
Building: _____

Room: _____

New Storage Location:
Building: _____

Room: _____

Name of Controlled Substances	Drug Code/ Schedule	Amount

The State of Connecticut needs to inspect the new storage location before controlled substances are moved. This inspection is scheduled through the Office of Environmental Health and Safety. You may fax this form to 785-7588 or call 737-2121.