



11) Attach a list of all controlled substance drug products in Schedules II, IV and VI that will be maintained by the ambulance service. For each controlled substance drug product listed, indicate the the name, strength, quantity/package and total packages that will be maintained on the ambulance.
12) Describe the manner in which all controlled substance drug products will be secured:
13) Describe the frequency and how the controlled substance drug products will be replenished:
14) Has the applicant ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? <span style="float: right;"><input type="checkbox"/> Yes *    <input type="checkbox"/> No</span>
15) Has any professional license or registration held by the applicant under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending? <span style="float: right;"><input type="checkbox"/> Yes *    <input type="checkbox"/> No</span>
* A "Yes" to Question No. 14) or No. 15) requires a letter of explanation to be attached to this application.

I hereby certify that the information on this application is true to the best of my knowledge, and that the applicant will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, section 49A, that the applicant has to the best of my knowledge and belief complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signed under the pains and penalties of perjury.

Signature of authorized individual \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

For Office Use Only	
Application approved by:	Comments:
Date:	