

5. AUTHORIZED INDIVIDUALS

A) Person to be responsible for supervising the use of syringes and needles

Name _____ Title _____

B) List the individuals responsible for the custody of syringes and needles

Name _____ Title _____

Name _____ Title _____

(Attach additional sheet with names and titles if necessary)

C) Specify location where syringes and needles will be used _____

D) Purpose for the use of syringes and needles _____

E) Indicate the maximum annual usage of Syringes _____ Needles _____

6. SECURITY OF SYRINGES AND NEEDLES

A) Identify type of cabinet to be used for storage of syringes and needles _____

B) Identify location of cabinet _____

C) Identify type of locks to be used _____

7. CERTIFICATE OF APPLICANT

Under the penalties of perjury, I affirm that the statements herein are true and that I will comply with NYCRR Title 10, Section 80.133 of New York State Rules and Regulations.

Print Name _____

Signature _____

Title _____ Date ____/____/____

Mail completed form to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, New York 12204
1-866-811-7957 (Option #3)