

Date Stamp Here

Washington Methamphetamine Precursor Electronic Retail Sales Tracking System

Request for Exemption

Revised Code of Washington <u>69.43.110</u> provides an exemption from the Washington Methamphetamine Precursor Electronic Retail Sales Tracking System (NPLEx) reporting requirements for retailers that can show good cause why they cannot comply. Retailers who believe they are eligible under this provision may apply for an exemption with the Washington State Pharmacy Quality Assurance Commission. To request an exemption from compliance, complete **all** of the following information along with the signature of the retailer or person authorized by the retailer. The commission will review the request for exemption and will grant or deny the request within 15 business days from receipt.

Good cause conveys must show significant hardship to comply as prescribed by law. What constitutes a good cause will be determined on a case-by-case basis. Good cause, includes but is not limited to, situations where the installation of the necessary equipment to access the system is unavailable or cost prohibitive to the retailer.

Credential Type:							
☐ Pharmacy	Credential Number / DEA CMEA Cert ID						
☐ Itinerant Vendor	Credential Number / DEA CMEA Cert ID						
☐ Shopkeeper (endorsement)	UBI Number / DEA CMEA Cert ID						
Demographic Information:							
Legal Owner/Operator Name							
Mailing Address							
City				Zip Code	Coun	ty	
Phone (enter 10 digit #)		Fax (enter 10 digit #)					
Email Address			Web Address				
Facility/Agency Name (Business name as advertised on signs or Web site)							
Physical Address							
City		State		Zip Code	Coun	County	
Facility phone (enter 10 digit #)			Fax (enter 10 digit #)				
Mailing Address (if different than physical address)							
Email Address		Web Address					
This is a request for an:							
Original Exemption Request	Original Exemption Request Length of Exemption (not to exceed 180 days):						
Extension Request Length of Exemption (not to exceed 180 days):							

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Justification for Exemption: (Include additional sheets and supporting documentation if needed to show good cause)					
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Signature					
I attest that I have received, read, understood, and agree to comply with stategory. I also attest that the information herein submitted is true to the be understand that the business is required to keep a written log of all purchas products to include the following:	est of my knowledge and belief. I also				
Date and time of purchase, product description; quantity sold (total grams, full name, date of birth, current address, form of identification used to estab purchaser's signature and initials of the person making the sale.					
Signature of Owner/Authorized Representative	Date (mm/dd/yyyy)				
Drint Nama	Drint Title				
Print Name	Print Title				
Please send request to:					
Pharmacy Quality Assurance Commission PO Box 47852					
Olympia, WA 98504-7852					

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