

# REQUEST FOR EXEMPTION FROM SYNTHETIC DRUG REGULATION FORM 2014

DCRA USE ONLY  
CUSTOMER NO.



On June 19, 2013, the District of Columbia’s Omnibus Criminal Code Amendments Act of 2012, (D.C. Law 19-320; 60 DCR 3390) added synthetic drugs, such as synthetic , marijuana and “bath salts”, to the District of Columbia’s schedule of controlled substances because these substances pose an imminent hazard to public health, safety and welfare.

**LANGUAGE PREFERRED:**

- English     Spanish     Chinese     Vietnamese     Amharic     Korean    Other: \_\_\_\_\_

**Section I. BUSINESS ADDRESS & INFORMATION**

A. *If this is a Corporation, Limited Liability Company (LLC), or Partnership, please provide the address of the company’s main headquarters or main billing address here.*

STREET ADDRESS \_\_\_\_\_ SUITE OR APT NUMBER \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 QUADRANT    NW    NE    SE    SW    WARD \_\_\_\_\_  
 PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

- B. Trade Name: \_\_\_\_\_  
 C. Corporate Name: \_\_\_\_\_  
 D. Business Owner’s Name: \_\_\_\_\_  
 E. Registered Agent (if applicable): \_\_\_\_\_  
 F. Business License Number: \_\_\_\_\_  
 G. Business License Category and Endorsement(s): \_\_\_\_\_  
 H. If not the Business Owner, full name of Authorized Agent completing this form: \_\_\_\_\_

**Section II. PRODUCTS**

A. **Brief description of each product’s marketed use or purpose (include price, weight per price)<sup>1</sup>:**

	Product	Price	Weight Per Price
1			
2			
3			
4			
5			

B. **Name, full address and telephone number of the supplier for each product seeking an exemption:**

	Name	Full Address	Telephone Number
1			
2			
3			
4			
5			

**Section III. EXHIBITS**

A. **Attach a clear, color photograph of each product which shall be exempt. Each photograph shall be at least 4x6 inches, and contain the front and back of the product’s packaging in the spaces provided on the following page. (Page 2 may be reproduced as needed for additional photos.)**

**FRONT**

**BACK**

**Section IV. AFFIRMATION**

I, attest under penalty of perjury, that upon knowledge, information and belief the products I have identified to be exempt from the District of Columbia Synthetic Drug Regulations are products not used by consumers to achieve a high, euphoria, relaxation, mood enhancement, hallucinogenic effect or other mind or body altering effect.

Full Name of Authorized Agent completing Form: \_\_\_\_\_  
Print: First, Middle, Last

Signature of Authorized Agent completing Form: \_\_\_\_\_  
Date \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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<sup>1</sup> DCRA may conduct an inspection of the business premise to verify the products described