



**West Virginia  
Controlled Substances  
Monitoring Program**



**1207 Quarrier St 4<sup>th</sup> Floor  
Charleston, WV 25301  
(304) 558-8411 / (304) 558-0474 Fax**

**West Virginia CSMP Reporting Waiver Request  
\*Please fill out completely\***

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Telephone Number: \_\_\_\_\_

Please state below the reason(s) for the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I swear and affirm that the entity listed above does not dispense any controlled substances into the state of West Virginia. I understand that if the entity named above ever does dispense any controlled substances into West Virginia, we must immediately inform the Board of the change and agree to timely report the data as required.

\_\_\_\_\_  
Signature

\*Print name and title of above signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public, in and for the County of: \_\_\_\_\_ Seal: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Notary Public Notary Public