Controlled Substances Advisory Committee
INSPECT Program

Mass Data Submission Application

(For Multiple locations use only)

Company Name:_____

Contact Person:_____

Address:_____

City:_____ **State:** _____ **Zip:**_____

Phone Number:_____ **Fax:**_____

Email:_____

Alternate Contact Person:_____

Phone Number:_____ **Fax:**_____

Email:_____

Submission Method: (check one box)

☐ Pharmacy Upload ☐ CDR/CDRW ☐ 3.5" Diskette

Pharmacies included in each submission: (ATTACH ADDITIONAL SHEET IF NEEDED)

Name of Pharmacy:	NABP Number:	Pharmacy Permit Number:	City
EX: John's Pharmacy #10	0000000000	60000000A	Indianapolis

Submit Completed Form To:
Controlled Substances Advisory Committee
ATTN: INSPECT Program
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

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