



TENNESSEE DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
Controlled Substance Database Administrator
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
(615) 253-1305/FAX: (615) 253-8782/Email: CSMD.ADMIN@tn.gov

LAW ENFORCEMENT APPLICATION FOR ACCESS TO THE CONTROLLED
SUBSTANCE DATABASE

APPLICANT INFORMATION

NAME: _____ TITLE: _____

BADGE OR ID#: _____

EMAIL: _____

PHONE: () _____

SIGNATURE _____ DATE _____

AGENCY INFORMATION

AGENCY NAME: _____

AGENCY ADDRESS: _____

SUPERVISOR: _____

SUPERVISOR SIGNATURE _____ DATE _____

SUPERVISOR EMAIL _____
(Circle One: Chief, Sheriff, Drug Task Force Manager, or TBI Director)

DISTRICT ATTORNEY GENERAL EMAIL ADDRESS _____ DISTRICT # _____

DISTRICT ATTORNEY GENERAL SIGNATURE _____ DATE _____