MINNESOTA BOARD OF PHARMACY

Controlled Substances Reporting Section
Opiate Product Registration Fee Program
335 Randolph Avenue, Suite 230
Saint Paul, Minnesota 55102

Opiate Product Registration Fee Dispute Form

NAME OF MANUFACTURER (as appears on MN license)	DEA NUMBER (if applicable)	MN LICENSE NUMBER
AUTHORIZED REPRESENTATIVE NAME/TITLE		
STREET ADDRESS		
CITY	STATE ZIP CODE	
EMAIL ADDRESS	TELEPHONE NUMBER	

Legal Representation Information *(if applicable):*

NAME	
STREET ADDRESS	
CITY	STATE ZIP CODE
EMAIL ADDRESS	TELEPHONE NUMBER

Reason for dispute *(attach additional pages if needed):*

Authorized Representative's Signature

SIGNATURE DATE