

## Virginia Methamphetamine Precursor Information System Electronic Reporting Exemption Application

### Instructions:

Chapters 160 (Senate Bill 294) and 252 (House Bill 1161) of the Acts of Assembly (2012 regular session), requires all pharmacies and retailers in the Commonwealth of Virginia that sell over the counter cold and allergy medications containing ephedrine and/or pseudoephedrine products (PSE) to participate in a statewide, real-time electronic PSE monitoring program for the purpose of tracking illegal PSE purchases. The Virginia Methamphetamine Precursor Information System is a web-accessed database available at no charge to pharmacies and retailers. Pursuant to the Combat Methamphetamine Epidemic Act of 2005 (CMEA) (Title VII of Public Law 109-177) pharmacies and retailers are currently required to capture certain data regarding PSE sales. This system enables pharmacies to easily enter the same PSE sales data currently being gathered online rather than recording the information into a manual log or in-store computer system.

Pursuant to § 18.2-265.8(B) of the *Code of Virginia*, a pharmacy or retail distributor which lacks broadband access or maintains a sales volume of less than 72 grams of ephedrine or related compounds in a 30-day period may be temporarily exempt from the requirement to report transactions to the electronic system, if an exemption is granted by the Department of State Police, pursuant to § 18.2-265.8(C) and § 19VAC30-220-20 of the *Virginia Administrative Code*.

To request an exemption from electronic reporting, a pharmacy or retail distributor must complete the entire attached form, provide any supporting documentation, and submit the form and supporting documents to:

Virginia Department of State Police  
VAMPIS  
PO Box 27472  
North Chesterfield, Virginia 23261-7472

**Questions** may be directed to the Virginia State Police VAMPIS Coordinator at 804-674-2809.

**NOTICE:** Making material false statements on this application may constitute a felony forgery of a public record or other criminal violation under the laws of the Commonwealth.

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<b>Credential Type</b>	<b>DEPARTMENT USE ONLY</b>
<input type="checkbox"/> Pharmacy      DEA CMEA Cert ID: _____  <input type="checkbox"/> Retail Distributor      DEA CMEA Cert ID: _____	Date Received: _____ Action date: _____  <input type="checkbox"/> Approved <input type="checkbox"/> Rejected  Notice sent: _____
<b>Demographic Information</b>	

Legal Owner / Operator Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ County \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_ Web address \_\_\_\_\_

Facility/Agency Name (Business name as advertised on signs or Web site) \_\_\_\_\_

Facility Physical address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ County \_\_\_\_\_

Facility Phone # \_\_\_\_\_ Facility Fax # \_\_\_\_\_

Facility Mailing Address (if different from physical address) \_\_\_\_\_

THIS IS A REQUEST FOR:       Original Exemption request      Length of request (not to exceed one year): \_\_\_\_\_

Extension request      Length of request (not to exceed one year): \_\_\_\_\_

Basis for Exemption:       Facility/Business lacks broadband access

Facility /Business maintains a sales volume of less than 72 grams of ephedrine or related compounds in a 30-day period

I attest that I have received, read, understood, and agree to comply with state law regarding this license category. I also attest that the information herein submitted is true to the best of my knowledge and belief and that material false statements may constitute forgery of a public record or other criminal violation under the laws of the Commonwealth.

I further understand that the business is required to keep a written log of any sales in compliance with § 18.2-265.8(A)(6) during any period(s) in which this exemption or extension is in effect.

\_\_\_\_\_  
Signature of Owner/Authorized Representative      Date

\_\_\_\_\_  
Print name      Print Title