### FOR EQPB USE ONLY

**APPLICATION NO.:** ______________________

**LICENSE #:** ________________________________ **LICENSE EXPIRATORY DATE:** ______________________

**DATE APPLICATION RECEIVED:** ______________________

**IMPORT/RECEIPT REPORT SUBMITTED:** _______________  □ COMPLETE  □ INCOMPLETE

**SALES/DISTRIBUTION REPORT SUBMITTED:** _______________  □ COMPLETE  □ INCOMPLETE

**FEE:** $50.00 PALAU NATIONAL TREASURY RECEIPT NUMBER: _______________ (MUST BE ATTACHED)

**REMARKS:**

**SIGNATURE & TITLE OF PERSON IN RECEIPT OF APPLICATION:** ________________________________

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### 1. Application for:

- ☐ Initial License*
- ☐ License Renewal

- License # ________________________________

*If logs/records are not available, provide best estimate of yearly consumption.

**Applicants must attach the previous year’s total purchase/receipt and sales/distribution logs/report.

**NOTE:**

### 2. Company/Agency Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Federal ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box #:</td>
<td>Describe landmarks:</td>
</tr>
<tr>
<td>State:</td>
<td>Hamlet:</td>
</tr>
<tr>
<td>Telephone #:</td>
<td>Fax #:</td>
</tr>
<tr>
<td>Email:</td>
<td>Web Address:</td>
</tr>
</tbody>
</table>

### 3. TECHNICIAN INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone #:</td>
<td>Cell #:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

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RAC TECHNICIAN LICENSE 1 of 2  EQPB Form # 2401-81-17
Rev. 2/18
Application is hereby made for an ODS/Goods Containing ODS Dealer License, authorizing me to purchase, receive, sell, and distribute controlled substances and/or goods containing controlled substances. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signature of Applicant

Printed Name of Applicant  Date