California Institute of Technology CONTROLLED SUBSTANCES AUTHORIZED PERSONNEL REGISTRATION FORM

Principal investigators (PI): Use this form to a	dd an Authorized Person to your Controlled Substance Authorization.
Add as an Authorized Person	☐ Designate as Lab Controlled Substances Custodian
Applicant:	
substances, we need the following information. investigation. Failure to authorize the backgrou	led substances. (21 CFR 1301.90). Before you can handle controlled You also need to authorize Caltech to conduct a background and investigation, and be approved, may preclude you from handling burces will inform you about the background investigation process.
Please fill out the following information. Return to 6.	the completed form to Central Controlled Substances Custodian, M/C 25-
APPLICANT INFORMATION:	
I am a: Caltech Employee/Student Affil	liate Uisiting Researcher Other:
Name:	UID #:
Lab/Office location:	Phone:
E-mail address:	Mail Code:
Please check the applicable boxes below:	
you presently formally charged with committee	victed of a felony, or within the past two years of any misdemeanor, or are ting a criminal offense? (Do not include any traffic violations, juvenile leneral court-martial.) If the answer is yes, furnish details of conviction and page.
	☐Yes ☐No
In the past three years, have you ever knowing prescribed to you by a physician? If the answer	ngly used any narcotics, amphetamines, or barbiturates, other than those is yes, furnish details on additional page.
	☐Yes ☐No
Please hand deliver any additional pages to Ave., Ste. 206.	Caltech Human Resources/Employee Relations at 367 S. Holliston
agency and that I will be required to provide in	will be conducted on me by an outside investigative consumer reporting formation such as my date of birth and by social security number. Human norizing this background check. I understand that any false information or my affiliation with Caltech.
	and law enforcement agencies for convictions. Information furnished or essarily preclude employment, and or participation in Institute research but n of my qualifications.
Signature:	Date:
	ove to handle controlled substances issued to the PI:
Principal Investigator signature:	Date:
Principal Investigator name:	

Last Update: 09/12/2025