

Mike DeWine, Governor Jim Tressel, Lt. Governor Steven W. Schierholt, Executive Director

Chemical Capture Attestation Form

Updated 4/22/2025

To be used by an animal shelter or county dog warden licensed as a terminal distributor of dangerous drugs seeking a chemical capture classification ONLY. This form must be submitted electronically in the <u>eLicense system</u> using the following steps:

- 1. Log-in at <u>www.elicense.ohio.gov</u>
- 2. Navigate to the terminal distributor license tile, select the Options menu and **"Submit** Additional Documentation".
- 3. Follow the prompts to upload and submit the file.

NOTE: The user will receive a confirmation screen once the request has been fully completed and submitted to the Board for review.

A step-by-step guide for uploading additional documentation to eLicense can be accessed here: <u>www.pharmacy.ohio.gov/submitADD</u>.

For more information on Ohio's chemical capture law, visit: <u>www.pharmacy.ohio.gov/CCapture</u>.

77 S. High Street, 17th Floor Columbus, OH 43215 U.S.A. Phone: 614 | 466 4143 Fax: 614 | 752 4836



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Part 1 - Facility Information

Name of Facility (as it appears on the TDDD license)				
Address	City	Zip Code		
Name of Responsible Person	TDDD No. (Leave Blank if New License Application)			

Part 2 – Certified Officer Information – *To qualify for a chemical capture classification under this section, an animal shelter or dog warden shall appoint or employ a certified officer that has completed training standards established in ORC <u>4729.534</u>.*

A listing of approved chemical capture courses can be accessed here: <u>www.pharmacy.ohio.gov/coursesCC</u> (scroll to the bottom of the page).

First Name	Last Nan	ne	
Contact Phone	Contact I	Email	
Name of Chemical Capture Training Course Completed		Date of Completion	

Part 3 – Attestation by the Certified Officer - *To be completed by the Certified Officer (may be signed using a digital or wet ink signature).*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM ARE **TRUE, CORRECT, AND COMPLETE.** I ALSO ATTEST THAT THE LOCATION LISTED IN PART 1 OF THIS FORM COMPLIES WITH THE CHEMICAL CAPTURE REQUIREMENTS IN CHAPTER 4729. OF THE REVISED CODE AND RULES ADOPTED THEREUNDER.

Signature of Certified Officer	Date Signed

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