**Section 889.200 Application**

a) Any person seeking to have the Agency arrange for the disposal of pharmaceutical products accepted at a medication takeback location must submit to the Agency an application requesting that the Agency arrange for the disposal.

b) Applications must be on the forms prescribed by the Agency. The application must include:

1) The name and address of the medication takeback location;

2) The name and address of the operator of the medication takeback location;

3) The name and telephone number of the operator of the medication takeback location;

4) The name and address of the owner of the site on which the medication takeback location is located;

5) The geographic area served by the medication takeback location;

6) The population of the geographic area served by the medication takeback location, according to the most recent decennial census;

7) The dates and times that pharmaceutical products will be accepted at the medication takeback location;

8) The volume of pharmaceutical products accepted at the medication takeback location during the preceding calendar year, if applicable; and

9) The requested duration of Agency-sponsored disposal.