

## Instructions for completing DEA Form 251 CSOS DEA Registrant Certificate Application

This application is for DEA Registrants who wish to receive a CSOS Certificate. A DEA Registrant is defined as the individual who signed the most recent application for DEA Registration or the individual authorized to sign the most recent application for DEA Registration. Only DEA Registrants may submit a CSOS DEA Registrant Certificate Application. DEA Registrant applicants will receive a CSOS DEA Registrant Certificate for the DEA Registration(s) identified and will fulfill the role of Principal Coordinator unless otherwise indicated in the Coordinator Name field of *Section 1 – Applicant Information*.

The applicant should review the ***CSOS DEA Registrant Application Checklist*** to ensure all required documents are included with their application prior to mailing the application package to the CSOS Registration Authority.

### **Mail the completed application and attachments to:**

Drug Enforcement Administration  
Office of Diversion Control  
E-Commerce Program  
Attention: CSOS Certificate Enrollment  
Washington D.C. 20537

The information must be **TYPED** with the exception of signatures and the affirmations and the notary acknowledgement sections, which must be completed in blue or black ink. All fields must be completed.

### **Section 1 – Applicant Information**

Field Name	Information Description
Applicant Last Name	Enter the last name of the applicant.
Applicant First Name	Enter the first name of the applicant.
Applicant MI	Enter the middle initial of the applicant.
Applicant Social Security Number	Enter the Social Security Number of the applicant. This information will be kept private and used for internal purposes as stated in privacy policy.
Applicant Business Phone Number	Enter the business phone number for the applicant. This phone number will be kept private and will be used only when necessary for correspondence concerning your CSOS application or CSOS digital certificate.

**Section 1 – Applicant Information (Cont.)**

Field Name	Information Description
Applicant E-Mail Address	Enter the business email address for the applicant. This email address will be kept private and will be used for correspondence concerning your CSOS application or CSOS
Applicant Mother’s Maiden Name	Enter mother’s maiden name of the applicant. This information will be kept private and used for security purposes.
DEA Registration Num	Enter the DEA Registration Number for which a the applicant shall serve the role of Principal Coordinator and/or a CSOS Certificate shall be issued. If The number entered on the application MUST appear as it does on the registrant’s DEA Registration Certificate. Inconsistency between the application and the registration certificate will result in approval delays or denial.
DEA Registration Name	Enter the name of the DEA Registered location as it appears on the DEA 223 Certificate. Inconsistency between the application and the registration certificate will result in approval delays or denial.
Applicant Business Address	Enter the business address of the CSOS Coordinator applicant. This address may be used for correspondence concerning your CSOS application and/or CSOS certificate applications, renewals and revocations.
CSOS Coordinator Last Name	Enter the last name of the individual who will fulfill the role of Principal Coordinator for the DEA Registration number(s) identified. This should be the applicant’s name if applicant will fulfill the role of Principal Coordinator.
CSOS Coordinator First Name	Enter the first name of the individual who will fulfill the role of Principal Coordinator for the DEA Registration number(s) identified. This should be the applicant’s name if applicant will fulfill the role of Principal Coordinator.

**Section 2 – Applicant Signature**

Field Name	Information Description
Applicant Signature	The applicant must sign the application using blue or black ink. The party signing this application must be the same party listed in section 1 – Applicant Information (First Name /Last Name/MI).

### Section 3 – Notary Acknowledgement

Field Name	Information Description
Notary Acknowledgement	A CERTIFIED NOTARY PUBLIC must complete the Acknowledgement section using blue or black ink. All fields in this section, including the notary seal/stamp must be completed. The Applicant must sign the application in the presences of the CERTIFIED NOTARY PUBLIC. It is the responsibility of the applicant to ensure that all information is completed.

Warning: When the applicant signs the application, he/she is stating that he/she has read, understands, and agrees to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement and Certificate. He/She is certifying that the information, statements and representations provided by him/her on the application are true and accurate to the best of his/her knowledge. He/She understands that presenting false information is a criminal offense and is punishable by law. Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.

# CSOS DEA Registrant Certificate Application

This application must be completed by the individual who signed the most recent application for DEA Registration (DEA Registrant) or the individual authorized to sign the most recent DEA Registration application. Read instructions before completing.

## Section 1 – Applicant Information

Applicant Last Name \_\_\_\_\_

Applicant First Name \_\_\_\_\_

MI \_\_\_\_\_ Applicant SSN Number \_\_\_\_\_ Applicant Bus. Phone \_\_\_\_\_

Applicant E-Mail Address \_\_\_\_\_

DEA Registration No. \_\_\_\_\_ DEA Registrant Name \_\_\_\_\_

Security Code (e.g. Mother’s Maiden Name) *Letters only. Remember this code to ensure proper identification when you call* \_\_\_\_\_ No. of Addendums \_\_\_\_\_

Applicant Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CSOS Coordinator Last Name (If not applicant then form # must be submitted by individual named below) \_\_\_\_\_

CSOS Coordinator First Name (If not applicant then form # must be submitted by individual named below) \_\_\_\_\_

## Section 2 – Applicant Signature

By signing this document, I am stating that I have read, understand and agree to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement and DEA CSOS Registrant Agreement. I am also certifying that the information, statements, and representations provided by me on this form are true and accurate to the best of my knowledge. I understand presenting false information is a criminal offense and is punishable by law.

**Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Section 3 — Notary Acknowledgement

**Instructions to Notary:** 1. Modify this form where necessary to assure compliance with the laws of your jurisdiction. Use the back of the form if necessary. 2. Notary must fully complete the Acknowledgement below 3. Sign and seal/stamp both pages of the form. 4. Identification #1 must be a government-issued, widely recognized form of photo ID, such as Driver’s License or Passport. ID #2 does not require a photo, but must be different form of ID. Examples: Valid government issued ID, employee ID card, utility or tax bill, major insurance card, and no more then one national credit card

State or Commonwealth of \_\_\_\_\_ County of \_\_\_\_\_ Country \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared \_\_\_\_\_ (Applicant) proved to me on the basis of the presentation of two forms of identification listed below to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same, and that by his/her signature on the instrument the person executed the instrument in my presence.

ID #1 (with photograph) Type: \_\_\_\_\_ Identifying Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

ID #2 (with photograph) Type: \_\_\_\_\_ Identifying Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Witness my hand and official seal.

Notary's Signature: \_\_\_\_\_ Notary Stamp/Seal \_\_\_\_\_

Notary's Name (Print or Type): \_\_\_\_\_

Notary's Address: \_\_\_\_\_

Notary's Phone: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_