

APPLICATION FOR REGISTRATION Under the Controlled Substances Act

INSTRUCTIONS

Save time - apply on-line at www.deadiversion.usdoj.gov

- 1. To apply by mail complete this application. Keep a copy for your records.
2. Print clearly, using black or blue ink, or use a typewriter.
3. Mail this form to the address provided in Section 7 or use enclosed envelope.
4. Include the correct payment amount. FEE IS NON-REFUNDABLE.
5. If you have any questions call 800-882-9539 prior to submitting your application.

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ON-LINE.

DEA OFFICIAL USE:

Grid for DEA Official Use

Do you have other DEA registration numbers?

NO YES checkboxes

MAIL-TO ADDRESS

Please print mailing address changes to the right of the address in this box.

FEE FOR ONE (1) YEAR - see Section 2 FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

Individual Registration Business Registration checkboxes

Name 1 (Last Name of individual -OR- Business or Facility Name)

Name 1 input field

Name 2 (First Name and Middle Name of individual - OR- Continuation of business name)

Name 2 input field

Street Address Line 1 (if applying for fee exemption, this must be address of the fee exempt institution)

Street Address Line 1 input field

Address Line 2

Address Line 2 input field

City

State Zip Code

City, State, Zip Code input fields

Business Phone Number

Point of Contact

Business Phone Number, Point of Contact input fields

Business Fax Number

Email Address

Business Fax Number, Email Address input fields

DEBT COLLECTION INFORMATION

Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number (if registration is for business)

Tax Identification Number input field

Provide TIN or SSN. See additional information note #3 on page 4.

Social Security Number (if registration is for individual)

Social Security Number input field

SECTION 2 BUSINESS ACTIVITY

BUSINESS ACTIVITY

Check one business activity box only

Researcher - See page 4 for required attachments

- Analytical Lab...fee for one year is \$184
Researcher w/Sched I...fee for one year is \$184
Researcher w/Sched II - V...fee for one year is \$184
Canine Handler...fee for one year is \$184
Distributor...fee for one year is \$1147
Exporter...fee for one year is \$1147
Importer...fee for one year is \$1147
Reverse Distributor...fee for one year is \$1147
Manufacturer...fee for one year is \$2293
Manufacturer BULK...fee for one year is \$2293

SECTION 3 A. DRUG SCHEDULES

A. DRUG SCHEDULES

Check all that apply

Enter drug codes on page 2.

- Schedule I Schedule II Narcotic Schedule III Narcotic Schedule IV
Schedule II Non-Narcotic Schedule III Non-Narcotic Schedule V
Check this box if you require official order forms - for purchase or transfer of schedule I and II controlled substances.

B. MANUFACTURERS ONLY

Mark each box with an 'X' to indicate which drug schedule is handled in each manufacturing stage

- STAGE 1 Bulk synthesis/extraction
STAGE 2 Dosage form manufacture
STAGE 3 Package / Repackage Label / Relabel
STAGE 4 Non-human consumption

C. Listed below are examples of drug codes for schedules 1-5. Check all drug codes you handle as required.

SCHEDULE For more information, see our web site at www.deadiversion.usdoj.gov, 21 CFR 1308, or call 1-800-882-9539

CODES

Analytical Lab.....not required to list drug codes	Distributor.....must mark all schedule 1 &/or 2012 drug codes
Researcher w/Sched 1.....must list sched 1 drug codes	Reverse Distributor.....must mark all schedule 1 &/or 2012 drug codes
Researcher w/Sched 2-5.....must list sched 2 drug codes to be manufactured or imported as part of research	Manufacturer.....must mark all schedule 1&2 drug codes
Canine Handler.....may handle sched 1-5; must list sched 1 drug codes	Exporter or Importer.....must mark all schedule 1-5 drug codes

If you bulk manufacture a substance, check the 'BULK?' column after the applicable class code.

SCHEDULE 1 NARCOTIC & NON-NARCOTIC		CODE	BULK?	SCHEDULE 2 NARCOTIC & NON-NARCOTIC		CODE	BULK?
<input type="checkbox"/>	3,4-Methylenedioxyamphetamine (MDA)	7400	___	<input type="checkbox"/>	Amobarbital (Amytal, Tuinal)	2125	___
<input type="checkbox"/>	3,4-Methylenedioxymethamphetamine (MDMA)	7405	___	<input type="checkbox"/>	Amphetamine (Dexedrine, Adderall)	1100	___
<input type="checkbox"/>	4-Methyl-2,5-Dimethoxyamphetamine (DOM, STP)	7395	___	<input type="checkbox"/>	Cocaine (Methyl benzoyllecgonine)	9041	___
<input type="checkbox"/>	4-Methylaminorex -cis isomer (U4Euh, McN-422)	1590	___	<input type="checkbox"/>	Codeine (Morphine methyl ester)	9050	___
<input type="checkbox"/>	Alphacetylmethadol (except LAAM)	9603	___	<input type="checkbox"/>	Dextropropoxyphene (bulk)	9273	___
<input type="checkbox"/>	Bufotenine (Mappine)	7433	___	<input type="checkbox"/>	Diphenoxylate	9170	___
<input type="checkbox"/>	Cannabidiol (Marijuana)	7360/7372	___	<input type="checkbox"/>	Diprenorphine (M50-50)	9058	___
<input type="checkbox"/>	Diethyltryptamine (DET)	7434	___	<input type="checkbox"/>	Ethylmorphine (Dionin)	9190	___
<input type="checkbox"/>	Difenoxin 1MG/25UG AtSO4 /DU (Motofen)	9167	___	<input type="checkbox"/>	Etorphine Hydrochloride (M99)	9059	___
<input type="checkbox"/>	Dimethyltryptamine (DMT)	7435	___	<input type="checkbox"/>	Fentanyl (Duragesic)	9801	___
<input type="checkbox"/>	Etorphine (except HCL)	9056	___	<input type="checkbox"/>	Hydrocodone (Dihydrocodeinone)	9193	___
<input type="checkbox"/>	Gamma Hydroxybutyric Acid (GHB)	2010	___	<input type="checkbox"/>	Hydromorphone (Dilaudid)	9150	___
<input type="checkbox"/>	Heroin (Diamorphine)	9200	___	<input type="checkbox"/>	Levo-Alphacetylmethadol (LAAM)	9648	___
<input type="checkbox"/>	Ibogaine	7260	___	<input type="checkbox"/>	Levorphanol (Levo-Dromoran)	9220	___
<input type="checkbox"/>	Lysergic Acid Diethylamide (LSD)	7315	___	<input type="checkbox"/>	Meperidine (Demerol, Mepergan)	9230	___
<input type="checkbox"/>	Mescaline	7381	___	<input type="checkbox"/>	Methadone (Dolophine, Methadose)	9250	___
<input type="checkbox"/>	Marihuana	7360	___	<input type="checkbox"/>	Methamphetamine (Desoxyn)	1105	___
<input type="checkbox"/>	Methaqualone (Quaalude)	2565	___	<input type="checkbox"/>	Methylphenidate (Concerta, Ritalin)	1724	___
<input type="checkbox"/>	Normorphine	9313	___	<input type="checkbox"/>	Morphine (MS Contin, Roxanol)	9300	___
<input type="checkbox"/>	Peyote	7415	___	<input type="checkbox"/>	Opium, powdered	9639	___
<input type="checkbox"/>	Psilocybin	7437	___	<input type="checkbox"/>	Opium, raw	9600	___
<input type="checkbox"/>	Tetrahydrocannabinols (THC)	7370	___	<input type="checkbox"/>	Oxycodone (Oxycontin, Percocet)	9143	___
SCHEDULE 3 NARCOTIC & NON-NARCOTIC		CODE	BULK?	<input type="checkbox"/>	Oxymorphone (Numorphan)	9652	___
<input type="checkbox"/>	Anabolic Steroids	4000	___	<input type="checkbox"/>	Pentobarbital (Nembutal)	2270	___
<input type="checkbox"/>	Barbituric acid derivative	2100	___	<input type="checkbox"/>	Phencyclidine	7471	___
<input type="checkbox"/>	Benzphetamine (Didrex, Inapetyl)	1228	___	<input type="checkbox"/>	Secobarbital (Seconal, Tuinal)	2315	___
<input type="checkbox"/>	Buprenorphine (Buprenex, Temgesic)	9064	___	<input type="checkbox"/>	Thebaine	9333	___
<input type="checkbox"/>	Butabarbital	2100/2175	___	SCHEDULE 4 NARCOTIC & NON-NARCOTIC		CODE	BULK?
<input type="checkbox"/>	Butalbital	2100/2165	___	<input type="checkbox"/>	Alprazolam (Xanax)	2882	___
<input type="checkbox"/>	Codeine combo product (Empirin)	9804	___	<input type="checkbox"/>	Barbital (Veronal, Plexonal)	2145	___
<input type="checkbox"/>	Dihydrocodeine combo product (Compal)	9807	___	<input type="checkbox"/>	Chloral Hydrate (Noctec)	2468	___
<input type="checkbox"/>	Dronabinol in sesame oil soft cap (Marinol)	7369	___	<input type="checkbox"/>	Chlordiazepoxide (Librium)	2744	___
<input type="checkbox"/>	Gamma Hydroxybutyric Acid preparations (Zyrem)	2012	___	<input type="checkbox"/>	Clonazepam (Klonopin)	2737	___
<input type="checkbox"/>	Hydrocodone combo product (Lorcet, Vicodin)	9806	___	<input type="checkbox"/>	Clorazepate (Tranxene)	2768	___
<input type="checkbox"/>	Ketamine (Ketaset, Ketalar)	7285	___	<input type="checkbox"/>	Diazepam (Valium)	2765	___
<input type="checkbox"/>	Morphine combo product	9810	___	<input type="checkbox"/>	Flurazepam (Dalmane)	2767	___
<input type="checkbox"/>	Nalorphine (Nalline)	9400	___	<input type="checkbox"/>	Lorazepam (Ativan)	2885	___
<input type="checkbox"/>	Opium combo product (Paregoric)	9809	___	<input type="checkbox"/>	Meprobamate (Miltown, Equanil)	2820	___
<input type="checkbox"/>	Pentobarbital suppository dosage (FP3)	2270	___	<input type="checkbox"/>	Midazolam (Versed)	2884	___
<input type="checkbox"/>	Phendimetrazine (Plegine, Bontril)	1615	___	<input type="checkbox"/>	Oxazepam (Serax, Serenid-D)	2835	___
<input type="checkbox"/>	Thiopental	2100/2329	___	<input type="checkbox"/>	Phenobarbital (Luminal)	2285	___
SCHEDULE 5 NARCOTIC & NON-NARCOTIC		CODE	BULK?	<input type="checkbox"/>	Phentermine (Fastin, Zantryl)	1640	___
<input type="checkbox"/>	Codeine preparations (Robitussin A-C, Pediacof)	9050	___	<input type="checkbox"/>	Temazepam (Restoril)	2925	___
<input type="checkbox"/>	Pyrovalerone (Centron, Thymergix)	1485	___	<input type="checkbox"/>	Zolpidem (Ambien, Stilnox)	2783	___

WRITE IN ADDITIONAL CODES

You may write in additional drug codes in this section. Attach a separate sheet if needed.

SECTION 4

You **MUST** be currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the **state** or jurisdiction in which you are operating or propose to operate.

STATE LICENSE(S)

Be sure to include both state license numbers if applicable

State License Number (required)

[Grid for State License Number]

Expiration Date (required) / / MM - DD - YYYY

What state was this license issued in? _____

State Controlled Substance License Number (if required)

[Grid for State Controlled Substance License Number]

Expiration Date / / MM - DD - YYYY

What state was this license issued in? _____

SECTION 5

LIABILITY

1. Has the applicant ever been **convicted of a crime** in connection with controlled substance(s) under state or federal law, or is any such action pending? YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

IMPORTANT

All questions in this section must be answered.

2. Has the applicant ever surrendered (for cause) or had a **federal** controlled substance registration revoked, suspended, restricted, or denied, or is any such action pending? YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

3. Has the applicant ever surrendered (for cause) or had a **state** professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

4. If the applicant is a **corporation** (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been **convicted of a crime** in connection with controlled substance(s) under state or federal law, or ever surrendered, for cause, or had a **federal** controlled substance registration revoked, suspended, restricted, denied, or ever had a **state** professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation, or is any such action pending? YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

Note: If question 4 does not apply to you, be sure to mark 'NO'. It will slow down processing of your application if you leave it blank.

EXPLANATION OF "YES" ANSWERS

Liability question # _____ Location(s) of incident: _____

Applicants who have answered "YES" to any of the four questions above **must provide a statement to explain each "YES" answer.**

Nature of incident:

Use this space or attach a separate sheet and return with application

Disposition of incident:

SECTION 6 EXEMPTION FROM APPLICATION FEE

Check this box if the applicant is a federal, state, or local government official or institution. Does not apply to contractor-operated institutions.

Business or Facility Name of Fee Exempt Institution. **Be sure to enter the address of this exempt institution in Section 1.**

[Grid for Business or Facility Name]

The undersigned hereby certifies that the applicant named hereon is a federal, state or local government official or institution, and is exempt from payment of the application fee.

FEE EXEMPT CERTIFIER

Signature of certifying official (other than applicant) _____ Date _____

Provide the name and phone number of the certifying official

Print or type name and title of certifying official _____ Telephone No. (required for verification) _____

SECTION 7

METHOD OF PAYMENT

Check one form of payment only

Check Make check payable to: **Drug Enforcement Administration**
See page 4 of instructions for important information.

American Express Discover Master Card Visa

Credit Card Number

[Grid for Credit Card Number]

Expiration Date

[Grid for Expiration Date]

Mail this form with payment to:

U.S. Department of Justice
Drug Enforcement Administration
P.O. Box 28083
Washington, DC 20038-8083

FEE IS NON-REFUNDABLE

Sign if paying by credit card

Signature of Card Holder _____

Printed Name of Card Holder _____

SECTION 8

APPLICANT'S SIGNATURE

Sign in ink

I certify that the foregoing information furnished on this application is true and correct.

Signature of applicant (sign in ink) _____ Date _____

Print or type name and title of applicant _____

WARNING: 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, or both.

SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors. A physical address is required in address line 1; a post office box or continuation of address may be entered in address line 2. Fee exempt applicant must list the address of the fee exempt institution. The email address, point of contact, national provider id, and date of birth are new data items that are in the process of OMB approval and will soon be mandatory. They are requested in order to facilitate communication or as required by inter-agency data sharing requirements. Applicant must enter a valid social security number (SSN), or a tax identification number (TIN) if applying as a business entity.

Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.

SECTION 2. BUSINESS ACTIVITY - Indicate only one. Each type of business activity requires a separate application. You are required to register as a "manufacturer" if you manufacture a controlled substance or List 1 chemical and then distribute it.

SECTION 3A. SCHEDULES - Applicant should check all schedules to be handled. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions. Check the order form box only if you intend to purchase or to transfer schedule 1 and 2 controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.

3B. MANUFACTURER ONLY - Mark the controlled substance schedule(s) handled in each manufacturing stage listed.

3C. SCHEDULE CODES - Report all drug codes as required for your business activity. Analytical lab is not required to list drug codes. Researcher of schedule 2-5 need only report schedule 2 drug codes that will be manufactured or imported as part of the research activity. Researcher of schedule 1 must report drug codes. Distributor or reverse distributor must list all schedule 1, and/or 2012 drug codes. Importer or exporter must check all schedule codes handled. Manufacturer must report all schedule 1 and 2 drug codes, and check all codes that are manufactured in bulk.

SECTION 4. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws. Applicant should contact the local state licensing authority prior to completing this application. If your state requires a license, provide that number on this application.

SECTION 5. LIABILITY - Applicant must answer all four questions for the application to be accepted for processing. If you answer "Yes" to a question, provide an explanation in the space provided. If you answer "Yes" to several of the questions, then you must provide a separate explanation describing the location, nature, and result of incident for each "Yes" answer. If additional space is required, you may attach a separate page.

SECTION 6. EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government official or institution. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided. The address of the fee exempt institution must appear in Section 1.

SECTION 7. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. **FEES ARE NON-REFUNDABLE.**

SECTION 8. APPLICANT'S SIGNATURE - Applicant **MUST** sign in this section or application will be returned. Card holder signature in section 7 does not fulfill this requirement.

ATTACHMENTS: Researcher must attach 3 copies of protocol, including curriculum vitae, to conduct research with schedule 1 controlled substances. For clinical investigations, researcher must first submit to FDA a "Notice of Claimed Investigational Exemption for New Drug (IND)". See DEA web site or CFR 1301.18 for details.

Notice to Registrants Making Payment by Check

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic funds transfer from your account will usually occur within 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic funds transfer cannot be completed because of insufficient funds, we may try to make the transfer up to more two times.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions". You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

ADDITIONAL INFORMATION

- No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
- In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is 1117-0012. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.
- The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identification Number and/or Social Security Number on this application. This number is required for debt collection procedures if your fee is not collectible.

4. PRIVACY ACT INFORMATION

AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1966 (PL 104-134) for SSN and/or TIN

PURPOSE: To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970

ROUTINE USES: The Controlled Substances Act registration system produces special reports as required for statistical analytical purposes.

Disclosures of information from this system are made to the following:

A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes

C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying registration

EFFECT: Failure to complete form will preclude processing of the application.

**Your Local
DEA Office** **DENVER DIVISION OFFICE**
115 Inverness Drive East
ENGLEWOOD, CO 80112

Colorado	(800)326-6900
Montana	(800)326-6900
Utah	(800)326-6900
Wyoming	(800)326-6900

CONTACT INFORMATION

All offices are listed on web site
(800, 877, and 888 are toll-free)

INTERNET:
www.deadiversion.usdoj.gov

TELEPHONE:
HQ Call Center (800)882-9539

WRITTEN INQUIRIES:
DEA
P.O. Box 28083
Washington, D.C. 20038-8083