



**Form-225A RENEWAL APPLICATION FOR REGISTRATION Supplementary Instructions and Information**

**SECTION 1. UPDATE REGISTRATION INFORMATION** - Each data field displays the information we have on record for your registration. Fill in blanks, update and correct data in the blocks provided. 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 and point of contact 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 2A. SCHEDULES** - 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. All the schedules you were certified for on previous registration are displayed above the dotted line. If you are registering for the same schedule(s) listed, CHECK THE "NO CHANGE" BOX. If you need to make a change, applicant should check all schedules to be handled from the list displayed below the dotted line. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions.

**2B. MANUFACTURER ONLY** - Mark the chemical/controlled substance schedule(s) handled in each manufacturing stage listed.

**2C. SCHEDULE CODES** - Report all chemical/drug codes as required for your business activity. Controlled substances manufacturers and importers must obtain a separate chemical registration if they handle chemicals other than an FDA-approved drug product containing 1225, 8112, or 8113.

**SECTION 3. 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 4. 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 questions, then you must provide a separate explanation describing the date, location, nature, and result of each incident. If the "Yes" box is already marked, then we have that data on record from a previous registration. You must provide an explanation for the original and all subsequent [new] incidents. If additional space is required, you may attach a separate page.

**SECTION 5. 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 6. 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 7. APPLICANT'S SIGNATURE** - Applicant MUST sign in this section or application will be returned. Card holder signature in section 6 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**

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. 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.
3. 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  
Section 302 and 303 of the Controlled Substances Act of 1970 (PL91-513) 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**

TECHworld Plaza  
800 K Street NW, Suite 500  
WASHINGTON, DC 20001  
District of Columbia  
Maryland  
Virginia  
West Virginia

**CONTACT INFORMATION**

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

(877)801-7974  
(877)330-6670  
(877)801-7974  
(877)330-6670

**INTERNET:**  
www.deadiversion.usdoj.gov

**TELEPHONE:**  
HQ Call Center (800)882-9539

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

**RENEWAL APPLICATION FOR REGISTRATION**  
**Under the Controlled Substances Act**

**INSTRUCTIONS**

- Save time - renew on-line at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)
- To renew by mail complete this application. Keep a copy for your records.
  - Print clearly, using black or blue ink, or use a typewriter.
  - Mail this form to the address provided in Section 6 or use enclosed envelope.
  - Include the correct payment amount. FEE IS NON-REFUNDABLE.
  - If you have any questions call 800-882-9539 prior to submitting your application.
- IMPORTANT: DO NOT SEND THIS APPLICATION AND RENEW ON-LINE.**

REGISTRATION INFORMATION:  
DEA #  
REGISTRATION EXPIRES  
**FEE IS NON-REFUNDABLE**

**MAIL-TO ADDRESS**

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

**SECTION 1 UPDATE REGISTRATION INFORMATION** - Please fill in missing information and make corrections if needed to any data we have on record for your registration.

Name 1 :

Grid for Name 1

Name 2 :

Grid for Name 2

Street Address

Line 1 :

Grid for Street Address Line 1

Address Line 2 :

Grid for Address Line 2

City State : Zip

Grid for City State Zip

Business Phone Number :

Grid for Business Phone Number

Business Fax Number :

Grid for Business Fax Number

Point of Contact :

EMAIL Address :

**DEBT COLLECTION INFORMATION**

Tax Identification Number (if registration is for business)

Grid for Tax Identification Number

Social Security Number (if registration is for individual)

Grid for Social Security Number

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

**SECTION 2**

**A. SCHEDULES**

NO CHANGE

OR CHANGE

Check this box if you wish to register for the same schedule(s):

Check this box if you require official order forms:  For purchase of schedule 1 and/or 2 controlled substances

If you want to make a change, check all the schedules that you are requesting for this registration:

- List 1 (L1) - **manufacturers & importers ONLY**
  - Schedule 2 Narcotic
  - Schedule 2 Non-Narcotic (2N)
  - Schedule 3 Narcotic
  - Schedule 3 Non-Narcotic (3N)
  - Schedule 4
  - Schedule 5

**B. MANUFACTURER ONLY**

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

Grid for Manufacturer ONLY (Schedules 1-5)

STAGE 1 Bulk synthesis/extraction

Grid for STAGE 1 (Schedules 1-5)

STAGE 3 Repackage Package / Relabel

Grid for STAGE 2 (Schedules 1-5)

STAGE 2 Dosage form manufacture

Grid for STAGE 2 (Schedules 1-5)

STAGE 4 Non-human consumption

**C. Listed below are examples of schedules 1-5 and List 1 codes. Check all drug and chemical codes you handle as required. SCHEDULE For more information, see our web site at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov), 21 CFR 1308, or call **1-800-882-9539****

**CODES**

Canine Handler.....	must mark sched 1	Distributor.....	must mark all sched 1, drug code 2012
Exporter.....	must mark all schedule 1-5	Reverse Distributor.....	must mark all sched 1, drug code 2012
Importer.....	must mark all schedule 1-5 & List 1 codes	Researcher w/Sched 1.....	must mark sched 1
Manufacturer.....	must mark all schedule 1,2 & List 1 codes	Researcher w/Sched 2-5.....	must mark sched 2 to be manufactured or imported as part of research

***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"/>	Butorfine (Mappine)	7433	<input type="checkbox"/>	Diphenoxylate	9170
<input type="checkbox"/>	Cannabidiol (Marijuana)	7360/7372	<input type="checkbox"/>	Fentanyl (Duragesic)	9801
<input type="checkbox"/>	Diethyltryptamine (DET)	7434	<input type="checkbox"/>	Hydrocodone (Dihydrocodeinone)	9193
<input type="checkbox"/>	Difenoxin 1MG/25UG AISO4 /DU (Motofen)	9167	<input type="checkbox"/>	Hydromorphone (Dilaudid)	9150
<input type="checkbox"/>	Dimethyltryptamine (DMT)	7435	<input type="checkbox"/>	Levo-Alphaacetylmethadol (LAAM)	9648
<input type="checkbox"/>	Etorphine (except HCL)	9056	<input type="checkbox"/>	Levorphanol (Levo-Dromoran)	9220
<input type="checkbox"/>	Gamma Hydroxybutyric Acid (GHB)	2010	<input type="checkbox"/>	Meperidine (Demerol, Mepergan)	9230
<input type="checkbox"/>	Heroin (Diamorphine)	9200	<input type="checkbox"/>	Methadone (Dolophine, Methadose)	9250
<input type="checkbox"/>	lbogaine	7260	<input type="checkbox"/>	Methamphetamine (Desoxyrn)	1105
<input type="checkbox"/>	Lysergic Acid Diethylamide (LSD)	7315	<input type="checkbox"/>	Methylphenidate (Concerta, Ritalin)	1724
<input type="checkbox"/>	Mescaline	7381	<input type="checkbox"/>	Morphine (MS Contin, Roxanol)	9300
<input type="checkbox"/>	Marhuana	7360	<input type="checkbox"/>	Opium, powdered	9639
<input type="checkbox"/>	Methqualone (Quaalude)	2565	<input type="checkbox"/>	Oxycodone (Oxycontin, Percocet)	9143
<input type="checkbox"/>	Normorphine	9313	<input type="checkbox"/>	Oxymorphone (Numorphan)	9652
<input type="checkbox"/>	Peyote	7415	<input type="checkbox"/>	Pentobarbital (Nembutal)	2270
<input type="checkbox"/>	Psilocybin	7437	<input type="checkbox"/>	Phencyclidine	7471
<input type="checkbox"/>	Tetrahydrocannabinols (THC)	7370	<input type="checkbox"/>	Secobarbital (Seconal, Tuinal)	2315

SCHEDULE 3 NARCOTIC & NON-NARCOTIC	CODE	BULK?	SCHEDULE 4 NARCOTIC & NON-NARCOTIC	CODE	BULK?
<input type="checkbox"/>	Anabolic Steroids	4000	<input type="checkbox"/>	Alprazolam (Xanax)	2882
<input type="checkbox"/>	Barbituric acid derivative	2100	<input type="checkbox"/>	Barbital (Veronal, Plexonal)	2145
<input type="checkbox"/>	Benzphetamine (Didrex, Inapetyl)	1228	<input type="checkbox"/>	Chloral Hydrate (Noctec)	2468
<input type="checkbox"/>	Buprenorphine (Buprenex, Temgesic)	9064	<input type="checkbox"/>	Chlordiazepoxide (Librium)	2744
<input type="checkbox"/>	Butabarbital	2100/2175	<input type="checkbox"/>	Clonazepam (Klonopin)	2737
<input type="checkbox"/>	Butalbital	2100/2165	<input type="checkbox"/>	Clorazepate (Tranxene)	2768
<input type="checkbox"/>	Codeine combo product (Empirin)	9804	<input type="checkbox"/>	Diazepam (Valium)	2765
<input type="checkbox"/>	Dihydrocodeine combo product (Compal)	9807	<input type="checkbox"/>	Flurazepam (Dalmane)	2767
<input type="checkbox"/>	Dronabinol in sesame oil soft cap (Marinol)	7369	<input type="checkbox"/>	Lorazepam (Ativan)	2885
<input type="checkbox"/>	Gamma Hydroxybutyric Acid preparations (Zyem)	2012	<input type="checkbox"/>	Meprobarbinate (Miltown, Equanil)	2820
<input type="checkbox"/>	Hydrocodone combo product (Lorcet, Vicodin)	9806	<input type="checkbox"/>	Midazolam (Versed)	2884
<input type="checkbox"/>	Ketamine (Ketaset, Ketalar)	7285	<input type="checkbox"/>	Oxazepam (Serax, Serenid-D)	2835
<input type="checkbox"/>	Morphine combo product	9810	<input type="checkbox"/>	Phenobarbital (Luminal)	2285
<input type="checkbox"/>	Nalorphine (Nalline)	9400	<input type="checkbox"/>	Phentermine (Fastin, Zantryl)	1640
<input type="checkbox"/>	Opium combo product (Paregoric)	9809	<input type="checkbox"/>	Temazepam (Restoril)	2925
<input type="checkbox"/>	Pentobarbital suppository dosage (FP3)	2270	<input type="checkbox"/>	Zolpidem (Ambien, Stilnox)	2783
<input type="checkbox"/>	Phendimetrazine (Plegine, Bontril)	1615			
<input type="checkbox"/>	Thiopental	2100/2329			

SCHEDULE 5 NARCOTIC & NON-NARCOTIC	CODE	BULK?	LIST 1 REGULATED CHEMICALS	CODE	BULK?
<input type="checkbox"/>	Codeine preparations (Robitussin A-C, Pediacof)	9050	<input type="checkbox"/>	Ephedrine	8113
<input type="checkbox"/>	Pyrovalerone (Centron, Thymergix)	1485	<input type="checkbox"/>	Phenylpropanolamine	1225
<input type="checkbox"/>			<input type="checkbox"/>	Pseudoephedrine	8112

\*\* ONLY manufacturers & importers may select List 1

**WRITE IN ADDITIONAL CODES** You may write in additional codes in this section. Attach a separate sheet if needed.