

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 federal or state fee exempt institution.

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.**

The email address, point of contact, national provider id, date of birth, year graduated, and professional school are new data items that are used to facilitate communication or as required by inter-agency data sharing requirements.

Practitioner must enter one degree from this list: DDS, DMD, DO, DPM, DVM, or MD.

Mid-level practitioner must enter one degree from this list: DOM, HMD, MP, ND, NP, OD, PA, or RPH.

SECTION 2. BUSINESS ACTIVITY - Indicate only one. Practitioner or mid-level practitioner must enter the degree conferred, and are requested to enter the last professional school of matriculation and the year graduated.

Automated dispensing system (ADS) must provide current DEA registration number of parent retail pharmacy or hospital, and attach a **notarized** affidavit in accordance with 21 CFR Part 1301.17. Affidavit must include:

- 1) Name of parent retail pharmacy or hospital and complete address
- 2) Name of Long-term Care (LTC) facility and complete address
- 3) Permit or license number(s) and date issued of State certification to operate ADS at named LTC facility
- 4) Required statement:

This affidavit is submitted to obtain a DEA registration number. If any material information is false, the Administrator may commence proceedings to deny the application under section 304 of the Act (21 USC 8224a). Any false or fraudulent material information contained in this affidavit may subject the person signing this affidavit, and the named corporation/partnership/business to prosecution under section 403 of the Act (21 USC 843).

- 5) Name of corporation operating the retail pharmacy or hospital
- 6) Name and title of corporate officer signing affidavit
- 7) Signature of authorized officer

SECTION 3. DRUG SCHEDULES - Applicant should check all drug schedules to be handled. However, applicant must still comply with state requirements; federal registration does not override state restrictions. Check the order form box only if you intend to purchase or to transfer schedule 2 controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration. The following list of drug codes are examples of controlled substances for narcotic and non-narcotic schedules 2, 3, 4, and 5. Refer to the CFR for a complete list of basic classes.

SCHEDULE 2 NARCOTIC	BASIC CLASS	SCHEDULE 3 NARCOTIC	BASIC CLASS	SCHEDULE 4	BASIC CLASS
Alphaprodine (Nisentil)	9010	Buprenorphine (Buprenex, Temgesic, Subutex)	9064	Alprazolam (Xanax)	2882
Anteridine (Lertine)	9020	Codine combo product 90mg/du (Empirin)	9804	Barbital (Veronal, Plexonal, Barbitione)	2145
Cocaine (Methyl Benzoyllecgonine)	9041	Dihydrocodeine combo prod 90mg/du (Compal)	9807	Chloral Hydrate (Noctec)	2465
Codine (Morphine methyl ester)	9050	Ethylmorphine combo product 15 mg/du	9808	Chloridazepoxide (Librium, Libri tabs)	2744
Dextropropoxyphene, bulk	9273	Hydrocodone combo product (Lorcet, Vicodin)	9806	Clorazepate (Tranxene)	2768
Diphenoxylate	9170	Morphine combo product 50 mg/100 ml or gm	9810	Dextropropoxyphene du (Darvon)	9278
Diprenorphine (M50-50)	9058	Opium combo product 25 mg/du (Paregoric)	9809	Diazepam (Valium, Diastat)	2765
Ethylmorphine (Dionin)	9190			Diethylpropion (Tenuate, Tepanil)	1610
Etorphine HCL (M-99)	9059	SCHEDULE 3 NON-NARCOTIC	BASIC CLASS	Difenoxin 1 mg/25ug ATSO4/du (Motofen)	9167
Glutethimide (Doriden, Dorimide)	2550	Anabolic Steroids	CLASS	Fenturamine (Pondimin, Dextenfuramine)	1670
Hydrocodone (Dihydrocodeinone)	9193	Benzphetamine (Didrex, Inapetyl)	4000	Furazepam (Dalmane)	2767
Hydromorphone (Dilaudid)	9150	Butalbital (Florinal, Butalbital w/aspirin)	1228	Halazepam (Paxipam)	2762
Levo-alphaacetylmethadol (LAAM)	9648	Dronabinol	2100/2165	Lorazepam (Ativan)	2885
Levorphanol (Levo-Dromoran)	9220	in sesame oil w/soft gelatin capsule	7359	Mazindol (Sanorex, Mazanor)	1605
Meperidine (Demerol, Mepergan)	9230	Gamma Hydroxybutyric Acid preps (Zyrem)	2012	Mebutamate (Capia)	2800
Methadone (Dolophine, Methadose)	9250	Ketamine (Ketaset)	7285	Meprobanate (Millown, Equanil)	2820
Morphine (MS Contin, Roxanol)	9300	Methypylon (Noludar)	2575	Methohexital (Brevital)	2264
Opium, powdered	9639	Pentobarbital suppository, du	2271	Methylphenobarbital (Mebaral)	2284
Opium, raw	9600	& noncontrolled active ingred (FP-3, WANS)		Midazolam (Versed)	2884
Oxycodone (Oxycontin, Percocet)	9143	Phendimetrazine (Plegine, Bontril, Statobex)	1615	Oxazepam (Serax, Serenid-D)	2835
Oxymorphone (Numorphan)	9652	Secobarbital suppository du	2316	Paraldehyde (Paral)	2585
Opium Poppy/ Poppy Straw	9650	& noncontrolled active ingredients		Pemoline (Cylert)	1530
Poppy Straw Concentrate	9670	Thiopental (Pentothal)	2100/2329	Pentazocine (Talwin, Talacen)	9709
Thebaine	9333	Vinbarbital (Delvinal)	2100/2329	Phenobarbital (Luminal, Donnatal)	2285
				Phentermine (Ionamin, Fasin, Zantryl)	1640
SCHEDULE 2 NON-NARCOTIC	BASIC CLASS			Prazepam (Centrax)	2764
	CLASS			Quazepam (Doral)	2881
Amobarbital (Amytal, Tuinal)	2125	SCHEDULE 5	BASIC CLASS	Temazepam (Restoril)	2925
Amphetamine (Dexedrine, Adderall)	1100		CLASS	Triazolam (Halcion)	2887
Methamphetamine (Desoxyn)	1105	Codine Cough Preparation (Cosanyl, Pediacof)	9060	Zolpidem (Ambien, Ivadal, Stilnox)	2783
Methylphenidate (Concerta, Ritalin)	1724	Difenoxin Preparation (Motofen)	9167		
Pentobarbital (Nembutal)	2270	Dihydrocodeine Preparation (Cophene-S)	9120		
Phencyclidine	7471	Diphenoxylate Preparation (Lomtil, Logen)	9170		
Phenmetrazine (Preludin)	1631	Ethylmorphine Preparation	9190		
Phenylacetone	8501	Opium Preparation (Kapectolin PG)	9809		
Secobarbital (Seconal)	2315				

- CONTINUED -

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 separate controlled substance number, 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 questions, then you must provide a separate explanation describing the date, location, nature, and result of each incident. If additional space is required, you may attach a separate page.

SECTION 6. EXEMPTION FROM APPLICATION FEE - 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.

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 1117-0014. 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 (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

WASHINGTON DC DIVISION OFFICE
Techworld Plaza
800 K Street NW, Suite 500
WASHINGTON, DC 20001

District of Columbia (877)801-7974
Maryland (877)330-6670
Virginia (877)801-7974
West Virginia (877)330-6670

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

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	<input type="text"/>	Expiration Date	/ /
State Controlled Substance License Number (if required)	<input type="text"/>	Expiration Date	MM - DD - YYYY / /
What state issued the license(s)?	<input type="text"/>		
Expiration Date	MM - DD - YYYY	Expiration Date	MM - DD - YYYY

Puerto Rico ONLY

Puerto Rico College of Physicians License Number Expiration Date / / |

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: -- YES NO |

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: -- YES NO |

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: -- YES NO |

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, denied, restricted, 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: -- YES NO |

EXPLANATION OF "YES" ANSWERS

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

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

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.

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) _____

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

Mail this form with payment to:

SECTION 7 METHOD OF PAYMENT

Check one form of payment only

American Express Discover Master Card Visa U.S. Department of Justice Drug Enforcement Administration P.O. Box 28083 Washington, DC 20038-8083

Credit Card Number Expiration Date |

Signature of Card Holder _____

FEE IS NON-REFUNDABLE

Sign if paying by credit card

Printed Name of Card Holder _____

SECTION 8

APPLICANT'S SIGNATURE

Signature of applicant (sign in ink) _____

Date _____

Print or type name and title of applicant _____

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

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.