Fee exempt applicant must list the address of the federal or state fee exempt institution. 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 SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry

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.

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

Mid-level practitioner must enter one degree from this list: DOM, HMD, MP, ND, NP, OD, PA, or RPH Practitioner must enter one degree from this list: DDS, DMD, DO, DPM, DVM, or MD.

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

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:

- Name of parent retail pharmacy or hospital and complete address

 Name of Long-term Care (LTC) facility and complete address

 Permit or license number(s) and date issued of State certification to operate ADS at named LTC facility
- Required statement:

subject the person signing this affidavit, and the named corporation/partnership/business to prosecution under section 403 of the Act (21 USC 843). 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 This affidavit is submitted to obtain a DEA registration number. If any material information is false,

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

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

		9190	Hthylmorphine Dreparation	1831	Dhanmatrazina (Drahıdin)
		9170	Diphenoxylate Preparation (Lomotil, Logen)	7471	Phencyclidine
		9120	Dihydrocodeine Preparation (Cophene-S)	2270	Pentobarbital (Nembutal)
		9167	Difenoxin Preparation (Motofen)	1724	Methylphenidate (Concerta, Ritalin)
2783	Zolpidem (Ambiem, Ivadal, Stilnox)	9050	Codeine Cough Preparation (Cosanyl, Pediacof)	1105	Methamphetamine (Desoxyn)
2887	Triazolam (Halcion)	CLASS		1100	Amphetamine (Dexedrine, Adderall)
2925	Temazepam (Restoril)	BASIC	SCHEDULE 5	2125	Amobarbital (Amytal, Tuinal)
2881	Quazepam (Doral)			CLASS	
2764	Prazepam (Centrax)			BASIC	SCHEDULE 2 NON-NARCOTIC
1640	Phentermine (Ionamin, Fastin, Zantryl)	2100/2329	Vinbarbital (Delvinal) 210		
2285	Phenobarbital (Luminal, Donnatal)	2100/2329		9333	Thebaine
9709	Pentazocine (Talwin, Talacen)		& noncontrolled active ingredients	9670	Poppy Straw Concentrate
1530	Pemoline (Cylert)	2316	Secobarbital suppository du	9650	Opium Poppy/ Poppy Straw
2585	Paraldehyde (Paral)	1615	Phendimetrazine (Plegine, Bontril, Statobex)	9652	Oxymorphone (Numorphan)
2835	Oxazepam (Serax, Serenid-D)		& noncontrolled active ingred (FP-3, WANS)	9143	Oxycodone (Oxycontin, Percocet)
2884	Midazolam (Versed)	2271	Pentobarbital suppository du	9600	Opium, raw
2250	Methylphenobarbital (Mebaral)	2575	Methyprylon (Noludar)	9639	Opium, powdered
2264	Methohexital (Brevital)	7285	Ketamine (Ketaset)	9300	Morphine (MS Contin, Roxanol)
2820	Meprobamate (Miltown, Equanil)	2012	Gamma Hydroxybutyric Acid preps (Zyrem)	9250	Methadone (Dolophine, Methadose)
2800	Mebutamate (Capla)		in sesame oil w/soft gelatin capsule	9230	Meperidine (Demerol, Mepergan)
1605	Mazindol (Sanorex, Mazanor)	7369	Dronabinol	9220	Levorphanol (Levo-Dromoran)
2885	Lorazepam (Ativan)	2100/2165	Butalbital (Fiorinal,Butalbital w/aspirin) 210	9648	Levo-alphacetylmethadol (LAAM)
2762	Halazepam (Paxipam)	1228	Benzphetamine (Didrex, Inapetyl)	9150	Hydromorphone (Dilaudid)
2767	Flurazepam (Dalmane)	4000	Anabolic Steroids	9193	Hydrocodone (Dihydrocodeinone)
1670	Fenfluramine (Pondimin, Dexfenfluramine)	CLASS		2550	Glutethimide (Doriden, Dorimide)
9167	Difenoxin 1 mg/25ug ATSO4/du (Motofen)	BASIC	SCHEDULE 3 NON-NARCOTIC	9059	Etorphine HCL (M-99)
1610	Diethylpropion (Tenuate, Tepanil)			9190	Ethylmorpine (Dionin)
2765	Diazepam (Valium, Diastat)	9809	Opium combo product 25 mg/du (Paregoric)	9058	Diprenorphine (M50-50)
9278	Dextropropoxyphene du (Darvon)	9810	Morphine combo product 50 mg/100 ml or gm	9170	Diphenoxylate
2768	Clorazepate (Tranxene)	9806	Hydrocodone combo product (Lorcet, Vicodin)	9273	Dextropropoxyphene, bulk
2744	Chlordiazepoxide (Librium, Libritabs)	9808	Ethylmorphine combo product 15 mg/du	9050	Codeine (Morphine methyl ester)
2465	Chloral Hydrate (Noctec)	9807	Dihydrocodeine combo prod 90mg/du (Compal)	9041	Cocaine (Methyl Benzoylecgonine)
2145	Barbital (Veronal, Plexonal, Barbitone)	9804	Codeine combo product 90mg/du (Empirin)	9020	Anileridine (Leritine)
2882	Alprazolam (Xanax)	9064	Buprenorphine (Buprenex, Temgesic, Subutex)	9010	Alphaprodine (Nisentil)
CLASS		CLASS		CLASS	
BASIC	SCHEDULE 4	BASIC	SCHEDULE 3 NARCOTIC	BASIC	SCHEDULE 2 NARCOTIC

SCHEDULE 5 Codeine Cough Preparation (Cosanyl, Pediacof) Difenoxin Preparation (Motofen) Dihydrocodeine Preparation (Cophene-S) Diphenoxylate Preparation (Lomotil, Logen) Ethylmorphine Preparation Opium Preparation (Kapectolin PG)	2100 2100	in sesame oil w/soft gelatin capsule Gamma Hydroxybutyric Acid preps (Zyrem) Ketamine (Ketaset) Methyprylon (Noludar) Pentobarbital suppository du & noncontrolled active ingred (FP-3, WANS) Phendimetrazine (Plegine, Bontril, Statobex)	SCHEDULE 3 NON-NARCOTIC Anabolic Steroids Benzphetamine (Didrex, Inapetyl) Butalbital (Fiorinal,Butalbital w/aspirin) 2100. Dronabinol	Buprenorphine (Buprenex, Temgesic, Subutex) Codeine combo product 90mg/du (Empirin) Dihydrocodeine combo prod 90mg/du (Compal) Ethylmorphine combo product 15 mg/du Hydrocodone combo product (Lorcet, Vicodin) Morphine combo product 50 mg/100 ml or gm Opium combo product 25 mg/du (Paregoric)
BASIC CLASS 9050 9167 9120 9170 9170 9190 9809	2316 /2329 /2329	2012 7285 7275 2575 2271	BASIC CLASS 4000 1228 2100/2165 7369	9064 9804 9807 9808 9806 9810 9809
Temazepan (Restoril) Triazolam (Halcion) Zolpidem (Ambiem, Ivadal, Stilnox)	, Talacen) inal, Donnatal) iin, Fastin, Zantryl)	Mebutamate (Capla) Meprobamate (Miltown, Equanil) Methohexital (Brevital) Methylphenobarbital (Mebaral) Midazolam (Versed) Oxazepam (Serax, Serenid-D) Paraldehyde (Paral)	JATSO4/du (Motofen) min, Dexfenfluramine) ne) minagen and market a	Alprazolam (Xanax) Barbital (Veronal, Plexonal, Barbitone) Chloral Hydrate (Noctec) Chlordiazepoxide (Librium, Libritabs) Clorazepate (Tranxene) Dextropropoxyphene du (Darvon) Diazepam (Valium, Diastat) Diethylpropion (Tenuate, Tepanil)
2925 2987 2783	1530 9709 2285 2286 1640 2764	2800 2820 2264 2250 2884 2835 2585	9167 1670 2767 2762 2885 1605	2882 2145 2145 2465 2744 2768 9278 9278 9278 1610

Secobarbital (Seconal) Phenylacetone

Phenmetrazine (Preludin)

7471 1631 8501 2315

APPLICATION FOR REGISTRATION CONTINUED

Form-224

Supplementary Instructions and Information

- SECTION 4. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant's compliance with applicable state and requires a separate controlled substance number, provide that number on this application local laws. Applicant should contact the local state licensing authority prior to completing this application. If your state
- **SECTION 5.** "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. LIABILITY - Applicant must answer all four questions for the application to be accepted for processing. If you answer 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. The address of
- **SECTION 7.** METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". FEES ARE NON-REFUNDABLE. Third-party checks or checks drawn on foreign banks will not be accepted
- 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 If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check

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

reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes 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 Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution.

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 1117-0014. Public reporting burden for this collection of information is 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 estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and
- လ Security Number on this application. This number is required for debt collection procedures if your fee is not collectible
- 4. PRIVACY ACT INFORMATION

PURPOSE

AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and

To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970 Debt Collection Improvements Act of 1966 (PL 104-134) for SSN and/or TIN

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
- State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes
- Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying registration

Failure to complete form will preclude processing of the application

EFFECT:

DEA Office Your Local 800 K Street NW, Suite 500 WASHINGTON, DC 20001 WASHINGTON DC DIVISION OFFICE Techworld Plaza Virginia Maryland District of Columbia (877)801-7974 (877)330-6670 (877)801-7974 All offices are listed on web site CONTACT INFORMATION (800, 877, and 888 are toll-free) www.deadiversion.usdoj.gov INTERNET:

West Virginia

(877)330-6670

HQ Call Center (800)882-9539 WRITTEN INQUIRIES TELEPHONE:

Washington, D.C. 20038-8083 P.O. Box 28083

Form-224

APPLICATION FOR REGISTRATION Under the Controlled Substances Act

APPROVED OMB NO 1117-0014 FORM DEA-224 (01-08) Previous editions are obsolete

INSTRUCTIONS	Save time - apply on-line at www	apply on-line at www.deadiversion.usdoj.gov	DEA OFFICIAL USE :
	2. Print clearly, using black or blue ink, or use a typewriter. 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.	pewriter, pour records. pewriter, powriter, powriter, on 7 or use enclosed envelope. NON-REFUNDABLE. pour application. NON AND APPLY ON-LINE.	Do you have other DEA registration numbers?
MAIL-TO ADDRESS		e right of the address in this box.	FEE FOR THREE (3) YEARS IS \$551 FEE IS NON-REFUNDABLE
SECTION 1 AP	APPLICANT IDENTIFICATION	Individual Registration	Business Registration
	(Last Name of individual -OR- Business or Facility Name)		
Name 2 (Firs	(First Name and Middle Name of individual - OR- C	Continuation of business name)	
Street Address Line	ne 1 (if applying for fee exemption, this must be	e address of the fee exempt institution)	
Address Line 2			
City			State Zip Code
Business Phone Number	Number Point of Contact		
Business Fax Nur	Number Email Address		
DEBT COLLECTION (INFORMATION	Social Security Number (if registration is for individual)	 	Tax Identification Number (if registration is for business)
Mandatory pursuant to Debt Collection Improvements Act		ovide SSN or TIN. e additional information te #3 on page 4.	
ner	Professional Professional Degree: School:		Year of Graduation :
or MLP ONLY:	National Provider Identification:	Date	e of Birth (ΜΜ-DD-ΥΥΥΥ): M = D D = Y Y Y Y
SECTION 2 BUSINESS ACTIVITY	Central Fill Pharmacy	Practitioner (DDS, DMD, DO, DPM, DVM, or MD)	MD) Ambulance Service
Check one business activity box only	Retail Pharmacy Nursing Home	Practitioner Military (DDS, DMD, DO, DPM, DVM, or MD) Mid-level Practitioner (MLP) (DOM, HMD, MP, ND, NP, OD, PA, or	or MD) Animal Shelter Hospital/Clinic
	Automated Dispensing System (ADS)	Euthanasia Technician	Teaching Institution
FOR Automated Dispensing System (ADS) ONLY:	ing System DEA Registration # of Retail Pharmacy for this ADS		An ADS is automatically fee-exempt. Skip Section 6 and Section 7 on page 2. You must attach a notorized affidavit.
SECTION 3 DRUG SCHEDULES	Schedule 2 Narcotic	Schedule 3 Narcotic	Schedule 4
Check all that apply	Schedule 2 Non-Narcotic (2N)	Schedule 3 Non-Narcotic (3N)	N) Schedule 5
C	Check this box if you require official order forms -	- for purchase of schedule 2 controlled substances. NEW - Page 1	ostances.

onally furnishes false or re than \$30,000, or both.	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 intention fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more NEW - Page 2	
a	Signature of applicant (sign in ink)	Sign in ink
	of applicant (cian in int)	APPLICANT'S SIGNATURE
	I certify that the foregoing information furnished on this application is true and correct.	SECTION 8
	Printed Name of Card Holder	
FEE IS NON-REFUNDABLE	Signature of Card Holder	Sign if paying by credit card
Drug Enforcement Administration P.O. Box 28083 Washington, DC 20038-8083	Credit Card Number Expiration Date	payment only
U.S. Department of Justice	n Express Discover Master Card Visa	Check one form of
Mail this form with payment to:	Make check payable to: Drug Enforcement Administration Check See page 4 of instructions for important information.	SECTION 7
one No. (required for verification)	Print or type name and title of certifying official Telephone	Provide the name and phone number of the certifying official
	Signature of certifying official (other than applicant)	FEE EXEMPT CERTIFIER
government official or institution,	The undersigned hereby certifies that the applicant named hereon is a federal, state or local gover and is exempt from payment of the application fee.	
on in Section 1.	or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution	Business
to contractor-operated institutions.	EXEMPTION FROM APPLICATION FEE Check this box if the applicant is a federal, state, or local government official or institution. Does not apply to	SECTION 6 EXE
	Disposition of incident:	Use this space or attach a separate sheet and return with application
	Nature of incident:	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:	EXPLANATION OF "YES" ANSWERS
my: pply to you, be sure to mark 'NO'. Your application if you leave it blank.	legistration revorcet, suspended, defined, restricted of placed on placed o	
ne in connection with short substance lines ubstance	If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in controlled substance(s) under state or federal law, or ever surrendered, for cause, or had a federal controlled substance(s) under state or federal law, or ever surrendered, for cause, or had a federal controlled restricted, denied, or ever had a state professional license or controlled restricted or property or is any such action pending.	4. H C C C
ce registration	Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? Date(s) of incident MM-DD-YYYYY: ———————————————————————————————	3. T
YES NO	on pending?	
YES NO revoked, suspended,	a federal controlled substance registration	IMPORTANT 2. H
YES NO state or federal law,	Has the applicant ever been convicted of a crime in connection with controlled substance(s) under sta or is any such action pending?	SECTION 5
Expiration / /	Puerto Rico College of Physicians License Number	Puerto Rico ONLY
	State Controlled Substance License Number (if required) What state issued the license(s)?	
Expiration / / Date MM - DD - YYYY	State License Number	Be sure to include both state license numbers if applicable
se handle the controlled substances are operating or propose to operate.	You MUST be currently authorized to prescribe, distribute, dispense, conduct research, or otherwis in the schedules for which you are applying under the laws of the state or jurisdiction in which you	SECTION 4 STATE LICENSE(S)