

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 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 tax identification number (TIN).

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

SECTION 2. BUSINESS ACTIVITY - Indicate only one.

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.

SECTION 4. STATE LICENSE - 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.

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 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.

- CONTINUED -

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 1117-0015. 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 Improvement 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.
 - PRIVACY ACT INFORMATION**
AUTHORITY: 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:
 - 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
- 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
 Maryland
 Virginia
 West Virginia

CONTACT INFORMATION

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

INTERNET: www.dea/diversion.usdoj.gov
TELEPHONE: HQ Call Center (800)882-9539

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

INSTRUCTIONS

- Save time - apply on-line at www.deadiversion.usdoj.gov
- To apply 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 7 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 APPLY ON-LINE.**

DEA OFFICIAL USE :

Do you have other DEA registration numbers?

NO YES

MAIL-TO ADDRESS

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

FEE FOR ONE (1) YEAR IS \$184
FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

Name 1 (Business or Facility Name)

Name 2 (Continuation of business name)

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

Address Line 2

City

State Zip Code

Business Phone Number

Point of Contact

Business Fax Number

Email Address

DEBT COLLECTION INFORMATION

Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number

See additional information note #3 on page 4.

SECTION 2

BUSINESS ACTIVITY

NTP - Maintenance

NTP - Compounder / Maintenance

NTP - Detoxification

NTP - Compounder / Detoxification

NTP - Maintenance and Detoxification

NTP - Compounder / Maintenance and Detoxification

Check one business activity box only

SECTION 3

DRUG SCHEDULES

Schedule 2 Narcotic (9250 Methadone)

Schedule 3 Narcotic (9064 Buprenorphine)

Check all that apply

Check this box if you require official order forms - for purchase of schedule 2 controlled substances

SECTION 4
STATE LICENSE

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 Number

Grid for State License Number

Expiration Date

MM - DD - YYYY

What state issued this license?

Grid for State Issued

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 for Date(s) of incident

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:

Grid for Date(s) of incident

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:

Grid for Date(s) of incident

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, 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 for Date(s) of incident

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

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

Liability question # _____
Nature of incident: _____

Location(s) of incident: _____

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

Result 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)

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.

Mail this form with payment to:

American Express Discover Master Card Visa Credit Card Number: _____ Expiration Date: _____

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

Signature of Card Holder

FEE IS NON-REFUNDABLE

Printed Name of Card Holder

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

SECTION 8

APPLICANT'S SIGNATURE

Sign in ink

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.