

**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 the address may be entered in address line 2. Fee exempt applicant must list the address of the fee exempt institution in this section.

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.*

**IF ALL THE DATA IS CORRECT AND COMPLETE, THEN SKIP TO SECTION 2.**

**SECTION 2. DRUG SCHEDULES**

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.

All the drug 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 AND THEN SKIP TO SECTION 3.

If you need to make a change, applicant should check all drug 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.

**SECTION 3. 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 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 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 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.

- 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

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 1117-0015. 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.
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**  
**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:
  - 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  
Maryland  
Virginia  
West Virginia

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

**INSTRUCTIONS**

- Save time - renew on-line at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)
1. To renew 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 6 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 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 :

[Grid for Point of Contact / EMAIL Address]

**DEBT COLLECTION  
INFORMATION**

Tax Identification Number

[Grid for Tax Identification Number]

Mandatory pursuant  
to Debt Collection  
Improvements Act

See additional information  
note #3 on page 4.

**SECTION 2**

**DRUG SCHEDULES**

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

NO CHANGE

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

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

Schedule 2 Narcotic (9250 Methadone)

Schedule 3 Narcotic (9064 Buprenorphine)

