

Form-224A 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 the 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.

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 override state restrictions.

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
Anileridine (Lertine)	9020	Codine combo product 90mg/du (Empirin)	9804	Barbital (Veroral, Plexoral, Barbitione)	2145
Cocaine (Methy/ Benzoy/ecgonine)	9041	Dihydrocodeine combo prod 90mg/du (Compal)	9807	Chloral Hydrate (Nodac)	2465
Codene (Morphine methyl ester)	9050	Ethymorphine combo product 15 mg/du	9808	Chloridiazepoxide (Librium, Libritabs)	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
Ethymorpine (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, Dorminide)	2550	Anabolic Steroids	CLASS	Fenturamine (Pondimin, Dextentfuramine)	1670
Hydrocodone (Dihydrocodeinone)	9193	Benzphetamine (Didrex, Inapetyl)	4000	Flurazepam (Dalmane)	2767
Hydromorphone (Dilaudid)	9150	Butalbital (Fiorinal, Butalbital w/aspirin)	1228	Halazepam (Praxipam)	2762
Levo-alphaacetylmethadol (LAAM)	9648	Dronabinol	2100/2165	Lorazepam (Ativan)	2885
Levorphanol (Levo-Dromoran)	9220	in sesame oil w/soft gelatin capsule	7369	Mazindol (Sanorex, Mazanor)	1605
Meperidine (Demerol, Mepergan)	9230	Gamma Hydroxybutyric Acid preps (Zyrem)	2012	Mebutamate (Capla)	2800
Methadone (Dolophine, Methadose)	9250	Ketamine (Ketaset)	7285	Meprobamate (Miltown, Equanil)	2820
Morphine (MS Contin, Roxanol)	9300	Methypyrion (Noludar)	2575	Methohexital (Brevital)	2264
Opium, powdered	9600	Pentobarbital suppository du	2271	Methylphenobarbital (Mebaral)	2250
Oxycodone (Oxycontin, Percocet)	9143	& noncontrolled active ingred (FP-3, WANS)		Midazolam (Versed)	2884
Oxymorphone (Numorphan)	9652	Phendimetrazine (Plegine, Bortril, Statobex)	1615	Oxazepam (Serax, Serenid-D)	2835
Opium Poppy/ Poppy Straw	9650	Secobarbital suppository du	2316	Paraldehyde (Paral)	2585
Poppy Straw Concentrate	9670	& noncontrolled active ingredients		Pemoline (Cylert)	1530
Thebaine	9333	Thiopental (Pentothal)	2100/2329	Pentazocine (Talwin, Talacen)	9709
		Vinbarbital (Delvinal)	2100/2329	Phenobarbital (Luminal, Donnatal)	2285
SCHEDULE 2 NON-NARCOTIC	BASIC CLASS			Phentermine (Ionamin, Fastin, Zantryl)	1640
Amobarbital (Amytal, Tuinal)	2125	SCHEDULE 5	BASIC CLASS	Praxepam (Centrax)	2764
Amphetamine (Dexedrine, Adderall)	1100	Cocaine Cough Preparation (Cosanyl, Pediacof)	9050	Quazepam (Doral)	2881
Methamphetamine (Desoxyn)	1105	Difenoxin Preparation (Motofen)	9167	Temazepam (Restoril)	2925
Methylphenidate (Concerta, Ritalin)	1724	Dihydrocodeine Preparation (Cophene-S)	9120	Tiazolam (Halcion)	2887
Pentobarbital (Nembutal)	2270	Diphenoxylate Preparation (Lomolil, Logen)	9170	Zolpidem (Ambien, Ivadal, Stilnox)	2783
Phenocyclidine	7471	Ethymorphine Preparation	9190		
Phenmetrazine (Preludin)	1631	Opium Preparation (Kappectolin PG)	9809		
Phenylacetone	8501				
Secobarbital (Seconal)	2315				

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 separate controlled substance number, 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 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.

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**

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
- Failure to complete form will preclude processing of the application.

EFFECT:

**Your Local
DEA Office**

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

(877)801-7974
(877)330-6670
Maryland
(877)801-7974
Virginia
(877)330-6670
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 - renew on-line at 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.

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

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

Social Security Number (if registration is for individual)

Grid for Social Security Number

Tax Identification Number (if registration is for business)

Grid for Tax Identification Number

Mandatory pursuant to Debt Collection Improvements Act

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

FOR Practitioner or MLP ONLY:

Professional Degree : School :
select from list only

Year of Graduation :

National Provider Identification:

Grid for National Provider Identification

Date of Birth (MM-DD-YYYY):

Grid for Date of Birth

SECTION 2 DRUG SCHEDULES

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

Check this box if you require official order forms:

NO CHANGE

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
- Schedule 2 Non-Narcotic (2N)

- Schedule 3 Narcotic
- Schedule 3 Non-Narcotic (3N)
- Schedule 4
- Schedule 5

SECTION 3 STATE LICENSE(S)

You **MUST** be currently authorized to prescribe, 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.

Be sure to include both state license numbers if applicable

State License Number

State Controlled Substance License Number (if required)

Expiration / /
 M M - D D - Y Y Y Y

What state issued the license(s)? _____

SECTION 4 LIABILITY

Puerto Rico ONLY
 Puerto Rico College of Physicians License Number

Expiration / /
 M M - D D - Y Y Y Y

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:

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:

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:

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 placed on probation, or is any such action pending? YES NO

Date(s) of incident MM-DD-YYYY:

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.

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

Nature of incident: _____

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

SECTION 5 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 6 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.

American Express Discover MasterCard Visa

Credit Card Number

Expiration Date

Mail this form with payment to:

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

Signature of Card Holder _____

Sign if paying by credit card

FEE IS NON-REFUNDABLE

Printed Name of Card Holder _____

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

SECTION 7 APPLICANT'S SIGNATURE

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 \$50,000, or both.