

**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, Barbitone)	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, Libriabss)	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, Diastal)	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
Levopranolol (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	Meprobanamate (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, WMANS)		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)	9709
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

APPLICATION FOR REGISTRATION  
Under the Controlled Substances Act

INSTRUCTIONS

Save time - apply on-line at [www.deadiversion.usdoj.gov](http://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 800-882-9639 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 THREE (3) YEARS IS \$551  
FEE IS NON-REFUNDABLE

SECTION 1

APPLICANT IDENTIFICATION

Individual Registration

Business Registration

Name 1 (Last Name of individual -OR- Business or Facility Name)

Name 2 (First Name and Middle Name of individual - OR- Continuation of business name)

Street Address Line 1 (if applying for fee exemption, this must be 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

Social Security Number (if registration is for individual)

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

Tax Identification Number (if registration is for business)

FOR Practitioner or MLP ONLY:

Professional Degree: select from list only

Professional School:

National Provider Identification:

Date of Birth (MM-DD-YYYY):

Year of Graduation:

SECTION 2 BUSINESS ACTIVITY

Check one business activity box only

- Central Fill Pharmacy
- Retail Pharmacy
- Nursing Home
- Automated Dispensing System (ADS)

FOR Automated Dispensing System (ADS) ONLY:

DEA Registration # of Retail Pharmacy for this ADS

- Practitioner (DDS, DMD, DO, DPM, DVM, or MD)
- Practitioner Military (DDS, DMD, DO, DPM, DVM, or MD)
- Mid-level Practitioner (MLP) (DOM, HMD, MP, ND, NP, OD, PA, or RPH)
- Euthanasia Technician
- Ambulance Service
- Animal Shelter
- Hospital/Clinic
- Teaching Institution

An ADS is automatically fee-exempt. Skip Section 6 and Section 7 on page 2. You must attach a notarized affidavit.

SECTION 3 DRUG SCHEDULES

Check all that apply

- Schedule 2 Narcotic
- Schedule 2 Non-Narcotic (2N)
- Schedule 3 Narcotic
- Schedule 3 Non-Narcotic (3N)
- Schedule 4
- Schedule 5

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

