Form-224

APPLICATION FOR REGISTRATION

Under the Controlled Substances Act

APPROVED OMB NO 1117-0014 FORM DEA-224 (09-11) FORM EXPIRES: 11/30/2011

INSTRUCTIONS	Save time - apply on-line at www.deadiversion.usdoj.gov 1. To apply by mail complete this application. Keep a copy for your records. 2. Mail this form to the address provided in Section 7 or use enclosed envelope. 3. The "MAIL-TO ADDRESS" can be different than your "PLACE OF BUSINESS" address. 4. If you have any questions call 800-882-9539 prior to submitting your application.	DEA OFFICIAL USE :			
	4. If you have any questions call 800-882-9539 prior to submitting your application.	Do you have other DEA registration numbers?			
	IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ON-LINE.	□ 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 IDENTIFICAT	TION		Individ	ual Regist	ration		Busine	ss Registra	tion	
Name 1	(Last Name of individual -O	R- Business or Facilit	y Name)								
Name 2	(First Name and Middle Nar	ne of individual - OR-	Continuation	n of busin	ess name)						
						П	П				
DI AGE GE D	HONESO OF TALL IT										
PLACE OF B	USINESS Street Address Li	ne 1									
						Ш	Ш				
PLACE OF B	USINESS Address Line 2										
						П	П				
City						9	State	Zip Code	2		
						ΠÌ		_ip			
						ш		ш			
Business Pho	ne Number	Point of Contact									
Business Fax	Number	Email Address									
DEBT COLLECTION											
DEBT COLLECTION INFORMATION	Social Security Number	(if registration is for in	dividual)			Tax Io	dentifica	ation Numb	er (<i>if registra</i>	tion is for business)	
Mandatory pursuant to Debt Collection				SN or TIN onal inform			7-Г				
Improvements Act			note #3 or	n page 4. 						 	
	Professional Degree :	Professional School :							Year of Gradua	tion :	
FOR Practitioner	select from list only										
or MLP	National Provider Identif	ication:	Date of Birth (MM-DD-YYY						·YYYY):	Y):	
ONLY:			M M - D D -					D V	YYYY		
						741 1	تا ت	<u> </u>			
SECTION 2 BUSINESS ACTIVIT	Central Fill Pharma	су		actitioner	OO, DPM, D\	VM, or N	ИD)		Aml	bulance Service	
Check one	Retail Pharmacy		,				,		Anir	mal Shelter	
business activity box only			Practitioner Military (DDS, DMD, DO, DPM, DVM, or MD) Mid-level Practitioner (MLP)								
	Nursing Home	(DOM, HMD, MP, ND, NP, OD, PA, or RPH)					Hospital/Clinic				
	Automated Dispens	sing System (ADS) 	Eu	thanasia '	Technician				Tea	ching Institution	
FOR Automated Disp (ADS) ONLY:	pensing System DEA	Registration # tail Pharmacy						An ADS Skip Se	is automatical ction 6 and Se	lly fee-exempt.	
(120) 01421.		s ADS								orized affidavit.	
SECTION 3	Cahadula O Na	proofic	П	obodulo "	Norcatio				Cobodi	ulo 4	
DRUG SCHEDULES				chedule 3					Schedu		
Check all that apply	Schedule 2 No	on-Narcotic (2N)	∐ S	chedule 3	Non-Narc	otic (3N	۷)		Schedu	ile 5	
	Check this box if you requ	iro official order form	e for nurchas	o of achod	ulo 2 control	lod oub	otonooo				

STATE LICENSE(S)	in the schedules for which you	are applying under	the laws of the	state or ju	risdiction i	n which yo	u are operatin	g or propo	se to operate.
MANDATORY	State License Number						Expiration Date	/	1
Be sure to include both		What state was this	license issued i	in?				MM - DI	D - YYYY
state license numbers	State Controlled Substance								
	License Number						Expiration Date	/ MM - DI	/ D - YYYY
		What state was this	license issued	in?			_	IVIIVI - DI	D- 1111
SECTION 5									YES NO
LIABILITY or ac	as the applicant ever been con been excluded or directed to b stion pending?	e excluded from part							
IMPORTANT	ate(s) of incident MM-DD-YYYY as the applicant ever surrender		a federal cont	⊒ rolled subs	tance regi	istration rev	oked. susper	ided.	YES NO
All questions in this section must	stricted, or denied, or is any suc	ch action pending?		1			,	,	
50 00	ate(s) of incident MM-DD-YYYY as the applicant ever surrender		a state profes	sional licen	ise or conf	trolled subs	stance registra	ation	YES NO
	as the applicant ever surrender voked, suspended, denied, rest		probation, or is	any such a	ction pen	ding?			
	ate(s) of incident MM-DD-YYYY the applicant is a corporation (tion whose sto	k is owned	d and trade	ed by the p	ublic), associa	ation.	YES NO
pa cc re re	the applicant is a corporation (artnership, or pharmacy, has an ontrolled substance(s) under sta gistration revoked, suspended, gistration revoked, suspended,	y officer, partner, storte or federal law, or or restricted, denied, or denied, or denied, restricted or	ckholder, or pro ever surrenderer r ever had a st a placed on prob	prietor beed, for caus ate profess pation, or is	en c onvict se, or had ional licen any such	ed of a cri a federal of se or contr action pen	me in connect controlled substantial substantial ding?	tion with stance ce	
Di	ate(s) of incident MM-DD-YYYY		-	Note: If It will slo	question 4 w down pi	does not a	apply to you, k	ne sure to i	mark 'NO'. leave it blank.
EXPLANATION OF "YES" ANSWERS	Liability question #	Location(s) of	f incident:						_
Applicants who have answered "YES" to any of the four questions above must provide a statement to explain	Nature of incident:								
each "YES" answer.									
Use this space or attach a separate sheet and return with application	Disposition of incident:								
a separate sheet and return with application	Disposition of incident: IPTION FROM APPLICATION	FEE							
a separate sheet and return with application SECTION 6 EXEM Check	IPTION FROM APPLICATION this box if the applicant is a fed	eral, state, or local g				,		•	institutions.
a separate sheet and return with application SECTION 6 EXEM Check	IPTION FROM APPLICATION	eral, state, or local g				,		•	institutions.
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separate sheet and return with application SECTION 6 EXEM Check Business of the certifying official	The undersigned hereby certiand is exempt from payment of Signature of certifying official Print or type name and title of	Institution. Be sure fies that the applicant of the application fee (other than applicant)	t named hereo	n is a feder	this exem	pt instituti	on in Section	n 1.	tion,
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SECTION 6 EXEM Check Business C FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT	The undersigned hereby certiand is exempt from payment of Signature of certifying official Print or type name and title of Check Make check payar See page 4 of ins American Express	eral, state, or local grant process. Institution. Be sure fies that the application fee (other than applicant) certifying official ble to: Drug Enforcem	t named hereo	n is a feder	this exem	pt instituti	ernment officia	ired for verificorm with pa	tion,
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FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only	The undersigned hereby certiand is exempt from payment of Signature of certifying official Print or type name and title of Check Make check paya See page 4 of ins Credit Card Number	Institution. Be sure lies that the applicant of the application fee (other than applicant) certifying official ble to: Drug Enforcer tructions for important i	t named hereo	n is a feder	this exem	pt instituti	on in Section appearance No. (required Mail this for ATN: Reproperation of the ATN: Reproperati	ired for verification significant signific	tion, fication) ayment to: Section/ODR 52-2639
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a separate sheet and return with application SECTION 6 EXEM Check Business of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by	The undersigned hereby certiand is exempt from payment of Signature of certifying official Print or type name and title of Check Make check paya See page 4 of ins Credit Card Number	Institution. Be sure lies that the applicant of the application fee (other than applicant) certifying official ble to: Drug Enforcer tructions for important i	t named hereo	n is a feder	this exem	pt instituti	on in Section appearance No. (required Mail this for ATN: Reproperation of the ATN: Reproperati	ired for verification significance for with particular registration significance for the particular registratio	tion, fication) ayment to: Section/ODR 52-2639
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card SECTION 8 APPLICANT'S	The undersigned hereby certificant is exempt from payment of Signature of certifying official Print or type name and title of See page 4 of ins American Express Credit Card Number Signature of Card Holder	Institution. Be sure fies that the applicant of the application fee (other than applicant) certifying official ble to: Drug Enforcent tructions for important is iscover Maste	t named hereon	ion Exp	ral, state o	pt instituti	on in Section appearance No. (required Mail this for ATN: Reproperation of the ATN: Reproperati	ired for verification significance for with particular registration significance for the particular registratio	tion, fication) ayment to: Section/ODR 52-2639
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card	The undersigned hereby certiand is exempt from payment of Signature of certifying official Print or type name and title of See page 4 of ins American Express Credit Card Number Signature of Card Holder Printed Name of Card Holder	Institution. Be sure fies that the applicant of the application fee (other than applicant) certifying official ble to: Drug Enforcent tructions for important is iscover Maste	t named hereon	ion Exp	ral, state o	pt instituti	on in Section connent official connent officia	ired for verification significance for with particular registration significance for the particular registratio	tion, fication) ayment to: Section/ODR 52-2639

SECTION 4 STATE LICENSE	You MUST be currently authorized to in the schedules for which you are ap	prescribe, distribute, dispense, opplying under the laws of the stat	conduct research, c e or jurisdiction in v	r otherwis vhich you	se handle th are operatir	e controlled sung or propose	ibstances to operate.
MANDATORY	State License Number						
	What state was this license issued in	?					
Expiration	Date / / —————————————————————————————————	_					
SECTION 5							YES NO
LIABILITY	Has the applicant ever been convicted or been excluded or directed to be excluaction pending?	of a crime in connection with cor ded from participation in a medic	trolled substance(s are or state health	s) under s care prog	tate or fedei ram,or is an	al law, y such	
IMPORTANT	Date(s) of incident MM-DD-YYYY:						YES NO
All questions in this section must	Has the applicant ever surrendered (for c restricted, or denied, or is any such action and the surrendered for control of the surrendered for control	cause) or had a federal controlled in pending?	d substance registr	ation revo	ked, susper	ıded,	
be answered.	Date(s) of incident MM-DD-YYYY:	course) or had a state professions	al licence or central	lad aubati	anaa raajatr		YES NO
	 Has the applicant ever surrendered (for crevoked, suspended, denied, restricted, Date(s) of incident MM-DD-YYYY: 	or placed on probation, or is any	such action pending	g?	ance registra		шш
	` '	nan a corporation whose stock is	owned and traded	by the pul	blic) associ		YES NO
	 If the applicant is a corporation (other the partnership, or pharmacy, has any office controlled substance(s) under state or fe registration revoked, suspended, restrict registration revoked, suspended, denied 	r, partner, stockholder, or propriet deral law, or ever surrendered, fo ed, denied, or ever had a state p , restricted or placed on probatior	or been convicted or cause, or had a for ofessional license or, or is any such ac	of a crimederal co or control tion pendi	ne in connect ntrolled sub led substan ing?	tion with stance ce	
	Date(s) of incident MM-DD-YYYY:	No.	te: If question 4 do	oes not ar	pply to you.	be sure to mar	'k 'NO'.
EXPLANATION OF							<u>re il bialik.</u>
"YES" ANSWERS Applicants who have	· ·	Location(s) of incident:					
answered "YES" to any of the four que	Nature of incident:						
above must provio a statement to exp each "YES" answe	plain						
Use this space or a a separate sheet a return with applicat	ttach nd Disposition of incident:						
•••							
	EXEMPTION FROM APPLICATION FEE neck this box if the applicant is a federal, sta	ate, or local government official o	institution. Does r	not apply t	o contracto	r-operated inst	itutions.
Busin	ess or Facility Name of Fee Exempt Institut	ion. Be sure to enter the addre	ss of this exempt	institutio	n in Sectio	n 1.	
	The undersigned hereby certifies tha and is exempt from payment of the a	t the applicant named hereon is a pplication fee.	e federal, state or lo	cal gover	nment offici	al or institution	١,
FEE EXEMPT CERTIFIER							
Provide the name a	Signature of certifying official (other thank	han applicant)		Date			
phone number of the certifying official		ng official		Telepho	ne No. (requ	uired for verificat	ion)
SECTION 7	Make check payable to: I	Drug Enforcement Administration					
METHOD OF PAYMENT	Check See page 4 of instructions	s for important information.			Mail this	form with payı	ment to:
Check one form of	American Express Discover	Master Card Visa			DEA Hea	dquarter	
payment only	Credit Card Number		Expiration Date	_		egistration Sec	ction/ODR
			Ш-Г	Ш	P.O. Box Springfiel	2639 d, VA 22152-2	2639
Sign if noving his	Signature of Cord Holder				FEE IS I	NON-REFUND	ABLE
Sign if paying by credit card	Signature of Card Holder						
	Printed Name of Card Holder						
SECTION 8 APPLICANT'S	I certify that the foregoing information	n furnished on this application is t	rue and correct.				
Sign in ink	Signature of applicant (sign in ink	5)		Date	e		
	Print or type name and title of applica	ant		-			

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application

STATE LICENSE(S)		
MANDATORY	TEM/Calud Nursess	Expiration / /
	TEM/Salud Numero	MM - DD - YYYY
	ASSMCA Numero	Expiration / / Date / / MM - DD - YYYY
		Expiration , ,
	Colegio de Medicos Numero	Date / / MM - DD - YYYY
SECTION 5		YES NO
LIABILITY OI	as the applicant ever been convicted of a crime in connection with controlled substance(s) under been excluded or directed to be excluded from participation in a medicare or state health care protion pending?	
	ate(s) of incident MM-DD-YYYY:	YES NO
this section must	as the applicant ever surrendered (for cause) or had a federal controlled substance registration rev stricted, or denied, or is any such action pending?	oked, suspended,
	ate(s) of incident MM-DD-YYYY:	YES NO
3. H re	as the applicant ever surrendered (for cause) or had a state professional license or controlled subs voked, suspended, denied, restricted, or placed on probation, or is any such action pending?	tance registration
	ate(s) of incident MM-DD-YYYY:	YES NO
pa co re	the applicant is a corporation (other than a corporation whose stock is owned and traded by the p intnership, or pharmacy, has any officer, partner, stockholder, or proprietor been c onvicted of a cri introlled substance(s) under state or federal law, or ever surrendered, for cause, or had a federal c gistration revoked, suspended, restricted, denied, or ever had a state professional license or contr gistration revoked, suspended, denied, restricted or placed on probation, or is any such action pen	ne in connection with ontrolled substance olled substance
D	ate(s) of incident MM-DD-YYYYY: Note: If question 4 does not a	pply to you, be sure to mark 'NO'. f your application if you leave it blank.
EXPLANATION OF "YES" ANSWERS	Liability question # Location(s) of incident:	<u> </u>
Applicants who have answered "YES" to any of the four questions above must provide a statement to explain	Nature of incident:	
each "YES" answer. Use this space or attach		
a separate sheet and return with application	Disposition of incident:	
SECTION 6 EXEM	IPTION FROM APPLICATION FEE	
	IPTION FROM APPLICATION FEE this box if the applicant is a federal, state, or local government official or institution. Does not apply	to contractor-operated institutions.
Check		•
Check	this box if the applicant is a federal, state, or local government official or institution. Does not apply or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution.	on in Section 1.
Check	this box if the applicant is a federal, state, or local government official or institution. Does not apply	on in Section 1.
Check	this box if the applicant is a federal, state, or local government official or institution. Does not apply or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government is exempt from payment of the application fee.	on in Section 1.
EEE EXEMPT CERTIFIER	this box if the applicant is a federal, state, or local government official or institution. Does not apply or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution.	on in Section 1.
Check Business of	this box if the applicant is a federal, state, or local government official or institution. Does not apply or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of the application fee. Signature of certifying official (other than applicant) Date	on in Section 1.
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7	this box if the applicant is a federal, state, or local government official or institution. Does not apply or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of the application fee. Signature of certifying official (other than applicant) Date	on in Section 1. rnment official or institution, one No. (required for verification)
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official	this box if the applicant is a federal, state, or local government official or institution. Does not apply or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government is exempt from payment of the application fee. Signature of certifying official (other than applicant) Date Print or type name and title of certifying official Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information.	on in Section 1. Improvement official or institution, one No. (required for verification) Mail this form with payment to:
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF	this box if the applicant is a federal, state, or local government official or institution. Does not apply or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government is exempt from payment of the application fee. Signature of certifying official (other than applicant) Date Print or type name and title of certifying official Make check payable to: Drug Enforcement Administration	on in Section 1. In the property of the prope
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of	this box if the applicant is a federal, state, or local government official or institution. Does not apply or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government is exempt from payment of the application fee. Signature of certifying official (other than applicant) Date Print or type name and title of certifying official Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa	one No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR P.O. Box 2639
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of	this box if the applicant is a federal, state, or local government official or institution. Does not apply or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government is exempt from payment of the application fee. Signature of certifying official (other than applicant) Date Print or type name and title of certifying official Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa	one No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR
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FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by	this box if the applicant is a federal, state, or local government official or institution. Does not apply or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government is exempt from payment of the application fee. Signature of certifying official (other than applicant) Date Print or type name and title of certifying official Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa Credit Card Number Expiration Date	one No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR P.O. Box 2639 Springfield, VA 22152-2639
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card	this box if the applicant is a federal, state, or local government official or institution. Does not apply or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government and is exempt from payment of the application fee. Signature of certifying official (other than applicant) Date Print or type name and title of certifying official Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa Credit Card Number Expiration Date Signature of Card Holder	one No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR P.O. Box 2639 Springfield, VA 22152-2639
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card	this box if the applicant is a federal, state, or local government official or institution. Does not apply or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government is exempt from payment of the application fee. Signature of certifying official (other than applicant) Date Print or type name and title of certifying official Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa Credit Card Number Expiration Date Signature of Card Holder Printed Name of Card Holder	one No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR P.O. Box 2639 Springfield, VA 22152-2639 FEE IS NON-REFUNDABLE

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

NEW - Page 2

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. They are requested in order to facilitate communication or as required by inter-agency data sharing requirements.

Practitioners must enter one degree from this list: DDS, DMD, DO, DPM, DVM, or MD.

Mid-level practitioners 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 U.S.C. 8224(a)). 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 U.S.C 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 overrule 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	Alprzolam (Xanax)	2882
Anileridine (Leritine)	9020	Codeine combo product up to 90 mg/du (Empirin)	9804	Barbital (Veronal, Plexonal, Barbitone)	2145
Cocaine (Methyl Benzoylecgonine)	9041	Dihydrocodeine combo prod 90 mg/du (Compal)	9807	Chloral Hydrate (Noctec)	2465
Codeine (Morphine methyl ester)	9050	Ethylmorphine combo product 15 mg/du	9808	Chlordiazepoxide (Librium, Libritabs)	2744
Dextropropoxyphene (bulk)	9273	Hydrocodone combo product (Lorcet, Vicodin)	9806	Clorazepate (Tranxene)	2768
Diphenoxylate	9170	Morphine combo product 50 mg/100ml or gm	9810	Dextropropoxyphene du (Darvon)	9278
Diprenorphine (M50-50)	9058	Opium combo product 25 mg/du (Paregoric)	9809	Diazepam (Valium, Diastat)	2765
Ethylmorphine (Dionin)	9190	SCHEDULE 3 NON-NARCOTIC	BASIC CLASS	Diethylpropion (Tenuate, Tepanil)	1610
Etorphine Hydrochloride (M-99)	9059	Anabolic Steroids	4000	Difenoxin 1mg/25ug atropine SO4/du (Motofen)	9167
Glutethimide (Doriden, Dorimide)	2550	Benzphetamine (Didrex, Inapetyl)	1228	Fenfluramine (Pondimin, Dexfenfluramine)	1670
Hydrocodone (Dihydrocodeinone)	9193	Butalbital (Fiorinal, Butalbital w/aspirin)	2100/2165	Flurazepam (Dalmane)	2767
Hydromorphone (Dialudid)	9150	Dronabinol in sesame oil w/soft gelatin capsule	7369	Halazepam (Paxipam)	2762
Levo-alphacetylmethadol (LAAM)	9648	Gamma Hydroxbutyric Acid preps (Zyrem)	2012	Lorazepam (Ativan)	2885
Levorphanol (Levo-Dromoran)	9220	Ketamine (Ketaset)	7285	Mazindol (Sanorex, Mazanor)	1605
Meperidine (Demerol, Mepergan)	9230	Methyprylon (Noludar)	2575	Mebutamate (Capla)	2800
Methadone (Dolophine, Methadose)	9250	Pentobarbital suppository du & noncontrolled active ingred. (FP-3, WANS)	2271	Meprobamate (Miltown, Equanil)	2820
Morphine (MS Contin, Roxanol)	9300	Phendimetrazine (Plegine, Bontril, Statobex	1615	Methohexital (Brevital	2264
Opium, powdered	9639	Secobarbital suppository du & noncontrolled active ingredients	2316	Methylphenobarbital (Mebaral)	2250
Opium, raw	9600	Thiopental (Pentothal)	2100/2329	Midazolam (Versed)	2884
Oxycodone (Oxycontin, Percocet)	9143	Vinbarbital (Delvinal)	2100/2329	Oxazepam (Serax, Serenid-D))	2835
Oxymorphone (Numorphan)	9652			Paraldehyde (Paral)	2585
Opium Poppy / Poppy Straw	9650	SCHEDULE 5	BASIC CLASS	Pemoline (Cylert)	1530
Poppy Straw Concentrate	9670	Codeine Cough Preparation (Cosanyl, Pediacof)	9050	Pentazocine (Talwin, Talacen)	9709
Thebaine	9333	Difenoxin Preparation (Motofen)	9167	Phenobarbital (Luminal, Donnatal)	2285
SCHEDULE 2 NON-NARCOTIC	BASIC CLASS	Dihydrocodeine Preparation (Cophene-S)	9120	Phentermine (Ionamin, Fastin, Zantryl)	1640
Amobarbital (Amytal, Tuinal)	2125	Diphenoxylate Preparation (Lomotil, Logen)	9170	Prazepam (Centrax)	2764
Amphetamine (Dexedrine, Adderall)	1100	Ethylmorphine Preparation	9190	Quazepam (Doral)	2881
Methamphetamine (Desoxyn)	1105	Opium Preparation (Kapectolin PG)	9809	Temazepam (Restoril)	2925
Methylphenidate (Concerta, Ritalin)	1724			Triazolam (Halcion)	2887
Pentobarbital (Nemutal)	2270			Zolpidem (Ambien, Ivadal, Stilnox)	2783
Phencyclidine (PCP)	7471				
Phenmetrazine (Preludin)	1631				
Phenylacetone	8501				
Secobarbital (Seconal)	2315				

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- 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 - Applicants 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 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 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 with 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 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 control number. The OMB number for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to average 12 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 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.
- PRIVACY ACT INFORMATION
 - AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1996 (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**

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, Attn: Registration Section / ODR, P.O. Box 2639, Springfield, VA 22152-2639