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 : 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

ECTION 1 A	PPLICANT IDENTI	FICATION			Individ	dual R	egistra	ation			Busi	ness	Reg	ıstra	ition		
Name 1 (L	ast Name of individ	ual -OR- Business or Fac	cility Name	e)	_			_		_		_	_		_	_	
					Ш	Ш	Ш		Ш	_	Ш				Ш		
Name 2 (F	irst Name and Midd	le Name of individual - C	R- Contin	uation o	of busir	ness na	ame)	-		_	-	-	_		_	_	
					Ш	Ш	Ш		Ш		Ш	_	_		Ш	_	
PLACE OF BU	SINESS Street Addr	ess Line 1			_			-		_		-	_		_	_	
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PLACE OF BU	SINESS Address Lir	ne 2			_		_	_	_	_	-	-	_		_	_	
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City							_		State	, Z	Zip Co	de		-	_	_	_
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Business Phone	e Number	Point of Contac	t														
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Business Fax Number Email Address																	
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EBT COLLECTION FORMATION		Email Address	 r individua	 N				Tax Ic	– – – dentifi	 catio	– – – n Nun		 (if reg	– – gistra		s for	– – busii
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EBT COLLECTION FORMATION andatory pursuant Debt Collection provements Act	Social Security Nu Professional Degree: select from		Pro See	vide SSI addition	al inforr			Tax Ic	dentifi	 catio	n Nun	nber	Ye	ar of		s for	 busii
EBT COLLECTION FORMATION andatory pursuant Debt Collection provements Act FOR Practitioner or MLP	Social Security Nu Professional Degree:	Professional School:	Pro See	vide SSI addition	al inforr]-[I 	n Nun		Ye: Gra	ar of	 	s for	 busii
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FOR Practitioner or MLP ONLY:	Social Security Nu Professional Degree: select from list only	Professional School:	Pro See	vide SSI addition a #3 on p	al informage 4.	mation 		Date M M	e of Bi				Ye: Gra	ar of adua	 		
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EBT COLLECTION FORMATION andatory pursuant Debt Collection provements Act FOR Practitioner or MLP ONLY: ECTION 2 JSINESS ACTIVITY neck one siness activity	Social Security Nu Professional Degree: select from list only National Provider Central Fill P Retail Pharm Nursing Hom	Professional School:	Pro See note	Praci (DDS Mid-l (DOM	titioner, DMD, titioner, DMD, level Pl, HMD,	DO, DP	'M, DVI y M, DVI ner (M), NP, C	Date M, or M	of Bir	 rth (<i>I</i>			Ye: Gra	ar of adua	bulan	ce S	ervic
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STATE LICENSE(S)	in the schedules for which yo	u are applying under the la		ilction in which you	are operating or propose to operate.
MANDATORY	State License Number				Expiration / /
Be sure to include both state license numbers		What state was this license	e issued in?		MM - DD - YYYY
state ilcense numbers	State Controlled Substance				Expiration , ,
	License Number				Date / / MM - DD - YYYY
		What state was this license	e issued in?		25
SECTION 5					YES NO
LIABILITY or ac	is the applicant ever been cor been excluded or directed to be tion pending?	pe excluded from participation			
IMPORTANT 2. Ha	ite(s) of incident MM-DD-YYY is the applicant ever surrende	red (for cause) or had a fed	eral controlled substan	ce registration revo	yes NO ked, suspended,
this section must	stricted, or denied, or is any su te(s) of incident MM-DD-YYY				VE2 NO
50 4.10110104.	is the applicant ever surrender voked, suspended, denied, res		te professional license	or controlled subst	YES NO ance registration
	te(s) of incident MM-DD-YYY		ion, or io any odon doin	on ponding.	YES NO
4. If I pa co re re	he applicant is a corporation rtnership, or pharmacy, has an ntrolled substance(s) under st jistration revoked, suspended jistration revoked, suspended	(other than a corporation was officer, partner, stockhold ate or federal law, or ever someticed, denied, or ever, denied, restricted denied, or place	hose stock is owned ar ler, or proprietor been c urrendered, for cause, had a state profession d on probation, or is an	nd traded by the pu onvicted of a crin or had a federal co al license or contro y such action pend	blic), association, ne in connection with ntrolled substance lled substance
Da	te(s) of incident MM-DD-YYY	Y:	Note: If que	estion 4 does not ap lown processing of	oply to you, be sure to mark 'NO'. your application if you leave it blank.
EXPLANATION OF "YES" ANSWERS	Liability question #	Location(s) of incide	ent:		
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	PTION FROM APPLICATION	FEE			
	• • • • • • • • • • • • • • • • • • • •			,	to contractor-operated institutions.
Business o	r Facility Name of Fee Exemp	institution. Be sure to en	ter the address of this	exempt institution	in in Section 1.
	The undersigned hereby cert	ifies that the applicant name	ed hereon is a federal.	state or local gover	nment official or institution.
FEE EXEMPT	The undersigned hereby cert and is exempt from payment	of the application fee.	,	J	,
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 o	f certifying official		Telepho	one No. (required for verification)
SECTION 7	Make check pay	f certifying official able to: Drug Enforcement Ac	dministration tion.	Telepho	· · · · · · · · · · · · · · · · · · ·
	Check Make check pay See page 4 of in	able to: Drug Enforcement Ac structions for important informa	tion.	Telepho	Mail this form with payment to:
SECTION 7 METHOD OF	Check Make check pay See page 4 of in	able to: Drug Enforcement Ac	tion.	Telepho ion Date	· · · · · · · · · · · · · · · · · · ·
SECTION 7 METHOD OF PAYMENT Check one form of	Check Make check pay See page 4 of in	able to: Drug Enforcement Ac structions for important informa	tion.	ion Date	Mail this form with payment to: DEA Headquarter ATTN: Registration Section/ODR P.O. Box 2639
SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by	Check Make check pay See page 4 of in American Express Credit Card Number	able to: Drug Enforcement Ac structions for important informat Discover Master Card	tion.	ion Date	Mail this form with payment to: DEA Headquarter ATTN: Registration Section/ODR P.O. Box 2639 Springfield, VA 22152-2639
SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card SECTION 8 APPLICANT'S	Check See page 4 of in American Express Credit Card Number Signature of Card Holder	able to: Drug Enforcement Ac structions for important informa Discover Master Card	Visa Expirat	ion Date	Mail this form with payment to: DEA Headquarter ATTN: Registration Section/ODR P.O. Box 2639 Springfield, VA 22152-2639
SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card SECTION 8	Check See page 4 of in American Express Credit Card Number Signature of Card Holder Printed Name of Card Holder	able to: Drug Enforcement Acistructions for important informations for important informations for important information furnished on this acid	Visa Expirat	ion Date	Mail this form with payment to: DEA Headquarter 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 4 STATE LICENSE	You MUST be currently authorized to in the schedules for which you are ap	prescribe, distribute, dispense plying under the laws of the s	e, conduct research ate or jurisdiction in	, or otherwis n which you	se handle the o are operating	ontrolled substances or propose to operate.
MANDATORY	State License Number					
	What state was this license issued in?	?	-			
Expiration [ate / / —————————————————————————————————	_				
SECTION 5						YES NO
LIABILITY	. Has the applicant ever been convicted or been excluded or directed to be excluded action pending?	of a crime in connection with order from participation in a median	ontrolled substance licare or state healt	e(s) under s th care prog	tate or federal ram,or is any s	aw, uch
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	n pending?	ied substance regis	stration revo	rea, suspenae	d,
be answered.	Date(s) of incident MM-DD-YYYY:	J-				YES NO
•	. Has the applicant ever surrendered (for c revoked, suspended, denied, restricted, c Date(s) of incident MM-DD-YYYY:	ause) or had a state profession placed on probation, or is ar	inal license or conti ly such action pend	rolled substa ling?	ance registration	n 🔲 🗎
4	` '	an a corporation whose stock	is owned and trade	ed by the pu	blic) associatio	YES NO
	. If the applicant is a corporation (other th partnership, or pharmacy, has any officer controlled substance(s) under state or feo registration revoked, suspended, restricte registration revoked, suspended, denied,	, partner, stockholder, or propr deral law, or ever surrendered ed, denied, or ever had a state restricted or placed on probat	ietor been c onvicte for cause, or had a professional licension, or is any such	ed of a crim a federal co se or control action pend	ne in connection introlled substa lled substance ing?	n with nce
	Date(s) of incident MM-DD-YYYY:	1	Note: If auestion 4	does not au	oply to you, be	
EXPLANATION OF "YES" ANSWERS	Lightlity question #	 _ocation(s) of incident:				n'n you louve it blank.
Applicants who have		Location(s) of incident.				
answered "YES" to any of the four ques above must provide						
a statement to expleach "YES" answe	ain					
Use this space or at a separate sheet an	Disposition of incident:					
return with application						
	(EMPTION FROM APPLICATION FEE eck this box if the applicant is a federal, sta	ite, or local government officia	or institution. Does	s not apply	to contractor-o	perated institutions.
Busine	ss or Facility Name of Fee Exempt Institution	on. Be sure to enter the add	ress of this exem	pt institutio	n in Section 1	
	The undersigned hereby certifies that and is exempt from payment of the ap	the applicant named hereon in polication fee.	s a federal, state or	local gover	nment official o	or institution,
FEE EXEMPT CERTIFIER				- D -4-		
Provide the name a	Signature of certifying official (other th	ian applicant)		Date		
phone number of the certifying official	Print or type name and title of certifying	ng official		Telepho	ne No. (require	d for verification)
SECTION 7	Make check payable to: D Check See page 4 of instructions	Orug Enforcement Administration	1			
METHOD OF PAYMENT					Mail this for	m with payment to:
Check one form of	American Express Discover Credit Card Number	Master Card Visa	a Expiration Dat		DEA Headqu	
payment only	Credit Card Number			.0	P.O. Box 26	istration Section/ODR 39
					Springfield,	VA 22152-2639
Sign if paying by	Signature of Card Holder				FEE IS NO	N-REFUNDABLE
credit card						
	Printed Name of Card Holder					
SECTION 8	I certify that the foregoing information	furnished on this application i	s true and correct.			
APPLICANT'S SIGNATURE Sign in ink	Signature of applicant (sign in ink)		Date	e	
	Print or type name and title of applica	nt		_		

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.

SECTION 4 STATE LICENSE(S)	in the schedules for which you	i are applying unde	or the law.		, .	oalotion	iii wilicii yot	rare operating	g or propose to o	perate.
MANDATORY	ı							Expiration Date	/ /	
MANDATORY	TEM/Salud Numero							Date	MM - DD - YY	ΥΥ
	ASSMCA Numero		П					Expiration Date		
	ASSIVICA NUMERO								MM - DD - YY	YYY
	Colegio de Medicos Numero							Expiration Date	/ /	00/
SECTION 5									MM - DD - YY	
LIABILITY	Has the applicant ever been conv or been excluded or directed to be ction pending?									NO
•	Pate(s) of incident MM-DD-YYYY								YES	NO
All questions in this section must	las the applicant ever surrendere estricted, or denied, or is any suc	ed (for cause) or ha ch action pending?	ad a fede i	ral control	led subst	ance re	gistration rev	oked, suspen	ded,	ш
be answered.	Date(s) of incident MM-DD-YYYY	:							YES	NO
3. l	las the applicant ever surrendere evoked, suspended, denied, rest	ed (for cause) or ha ricted, or placed or	ad a state n probatio	profession, or is ar	nal licens ly such ac	se or cor ction per	ntrolled substanding?	ance registra	tion	ш
ו	Date(s) of incident MM-DD-YYYY	:							YES	NO
4. I I I I	f the applicant is a corporation (nartnership, or pharmacy, has any controlled substance(s) under sta egistration revoked, suspended, egistration revoked, suspended,	other than a corpor officer, partner, st te or federal law, or restricted, denied, denied, restricted of	ration who ockholde r ever sur or ever ha or placed	ose stock r, or propr rendered, ad a state on probat	is owned ietor beer for cause profession, or is	and trace to convices, or had onal lice any sucl	ded by the pute of a crimal a federal control of a crimal control of a crimal control of a crimal control of a crimal cri	ublic), associa ne in connect ontrolled subs illed substanc ling?	tion, ion with tance e	
ו	Date(s) of incident MM-DD-YYYY								e sure to mark 'N tion if you leave it	
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Applicants who have answered "YES" to any of the four question above must provide a statement to explain each "YES" answer.	Nature of incident:	(,								
Use this space or attac										
a separate sheet and return with application	Disposition of incident:									
a separate sheet and return with application SECTION 6 EXE	Disposition of incident: MPTION FROM APPLICATION									
a separate sheet and return with application SECTION 6 EXE Chec	Disposition of incident: MPTION FROM APPLICATION A this box if the applicant is a federal	eral, state, or local	J				,		•	ons.
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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 credit card SECTION 8 APPLICANT'S	MPTION FROM APPLICATION It this box if the applicant is a federal or Facility Name of Fee Exempt The undersigned hereby certified and is exempt from payment of the exempt from payme	eral, state, or local Institution. Be sur lies that the application fer the application fer certifying official ble to: Drug Enforce tructions for importan iscover Mast	e to ente	ninistration	s a federa	ration Da	prinstitution or local gove Date Telephorate	on in Section rnment officia one No. (requi Mail this for DEA Head ATTN: Re P.O. Box 2 Springfield	I or institution, red for verification) orm with payment quarters egistration Section 639 I, VA 22152-2639	to:
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	MPTION FROM APPLICATION Is this box if the applicant is a federal or Facility Name of Fee Exempt The undersigned hereby certificand is exempt from payment of Signature of certifying official of Print or type name and title of Check See page 4 of ins American Express Decredit Card Number Signature of Card Holder Printed Name of Card Holder	eral, state, or local Institution. Be sur lies that the application fer cother than applicant certifying official ble to: Drug Enforce tructions for important iscover Massi	e to ente	ninistration	s a federa	ration Da	prinstitution or local gove Date Telephorate	on in Section rnment officia one No. (requi Mail this for DEA Head ATTN: Re P.O. Box 2 Springfield FEE IS N	I or institution, red for verification) orm with payment quarters egistration Section 639 I, VA 22152-2639	to:

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