Form-224A Renewal

# RENEWAL APPLICATION FOR REGISTRATION

**Under the Controlled Substances Act** 

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

# **INSTRUCTIONS**

# Save time - renew on-line at www.deadiversion.usdoj.gov

- To renew by mail complete this application. Keep a copy for your records.
   Mail this form to the address provided in Section 6 or use enclosed envelope.
   The "MAIL-TO ADDRESS" can be different than your "PLACE OF BUSINESS" address.
   If you have any questions call 800-882-9539 prior to submitting your application.

IMPORTANT: DO NOT SEND THIS APPLICATION AND RENEW ON-LINE.

REGISTRATION INFORMATION:

DEA#

**REGISTRATION EXPIRES** 

FEE IS NON-REFUNDABLE

**MAIL-TO ADDRESS** 

Please print mailing address changes to the right of the address in this box.

SECTION 1 UP	DATE REGISTRATION INFORMATION - Please fill in missing information and make corrections if needed to any data we have on record for your registration.
Name 1 :	
Name 2 :	
PLACE OF BUSINESS Street	
Street Address Line 1 :	
PLACE OF BUSINESS	
Address Line 2 :	
City State :	
Zip	
Business Phone	Business Fax
Number :	Number:
Point of Contact :	EMAIL Address :
DEBT COLLECTION	Social Security Number ( <i>if registration is for individual</i> )  Tax Identification Number ( <i>if registration is for business</i> )
Mandatory pursuant to Debt Collection Improvements Act	Provide SSN or TIN. See additional information note #3 on page 4.
FOR Practitioner	Professional Professional Year of Graduation:
or MLP ONLY:	National Provider Identification:  Date of Birth (MM-DD-YYYY):
	MM-DD-VVV
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	
CHANGE	If you want to make a change, check all the schedules that you are requesting for this registration:  Schedule 2 Narcotic  Schedule 3 Narcotic  Schedule 4
	Schedule 2 Non-Narcotic (2N)  Schedule 3 Non-Narcotic (3N)  Schedule 5  Schedule 5
	224A RENEWAL - Page 1

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 <b>convicted of a crime</b> 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 <b>federal</b> 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 <b>state</b> 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 <b>corporation</b> (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 <b>onvicted of a cri</b> introlled substance(s) under state or federal law, or ever surrendered, for cause, or had a <b>federal</b> c gistration revoked, suspended, restricted, denied, or ever had a <b>state</b> 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)
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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
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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

STATE LICENSE(S)	in the schedules for which you	u are applying und	der the law	s of the st	ate or juris	sdiction i	n which y	ou are op	erating or p	ropose to	operate.
MANDATORY	State License Number					$\Box$		Expir Date	ation	/ /	
Be sure to include both	'	What state was the	nis license	issued in?						- DD - \	YYYY
state license numbers	State Controlled Substance								otion		
	License Number							Expir Date		/ / - DD - \	////
		What state was the	his license	issued in?				_	IVIIVI	- 00 - 1	1111
SECTION 5											S NO
<b>LIABILITY</b> or ac	as the applicant ever been <b>con</b> been excluded or directed to b tion pending?	e excluded from p									
IMPORTANT	ate(s) of incident MM-DD-YYYY as the applicant ever surrender		had a <b>fede</b> i	ral contro	led substa	nce reai	stration re	voked. su	uspended.	YE	S NO
All questions in this section must	stricted, or denied, or is any su	ch action pending	?			5		,	,		
50 4.10110.04.	ate(s) of incident MM-DD-YYYY as the applicant ever surrender		had a <b>state</b>	profession	nal license	e or cont	rolled sub	stance re	gistration	YE	S NO
	as the applicant ever surrender voked, suspended, denied, res		on probatio	n, or is ar	y such act	tion pend	ding?		g		
	ate(s) of incident MM-DD-YYYY the applicant is a corporation		oration who	ose stock	is owned a	and trade	ed by the	oublic), as	ssociation.		S NO
pa cc re re	the applicant is a corporation of the reship, or pharmacy, has an introlled substance(s) under stagistration revoked, suspended, gistration revoked, suspended,	y officer, partner, ate or federal law, restricted, denied denied, restricted	stockholde or ever sur I, or ever ha I or placed	r, or propr rendered, ad a <b>state</b> on probat	ietor been for cause profession ion, or is a	c <b>onvict</b> , or had nal licen ny such	ed of a cr a federal se or cont action pe	rime in co controlled rolled sub nding?	nnection will substance ostance	ith	
Da	ate(s) of incident MM-DD-YYYY	<b>/</b> :			Note: If qu It will slow	uestion 4 down pr	does not	apply to y	you, be sure	e to mark vou leave	'NO'. it blank.
EXPLANATION OF "YES" ANSWERS	Liability question #	Location(s	of incider								2.2.2.2.
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:	FEE									
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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.  Signature of certifying official  Print or type name and title of See page 4 of instance.	lnstitution. Be su files that the application (other than application  f certifying official able to: Drug Enforestructions for importa	cant named	d hereon i	ress of th	is exem	pt institu	vernment of the Mail DEA ATTN	official or in  (required for  this form w  Headquarte	stitution, verification ith payme	nt to:
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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.  Signature of certifying official  Print or type name and title of See page 4 of ins  American Express  Credit Card Number	lnstitution. Be su files that the application (other than application  f certifying official able to: Drug Enforestructions for importa	cant named	d hereon i	ress of th	, state or	pt institu	hone No.  Mail  DEA ATTN P.O. Sprin	official or in  (required for this form w  Headquarte 1: Registra Box 2639	stitution,  verification  ith paymention Section	nt to:
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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	The undersigned hereby certiand is exempt from payment.  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 su Institution. Institution Institution Institution Institution Institutions for importation Institutions for importations Institutions Institution	cant named fee.	ninistration	Expira	, state or	pt institu	hone No.  Mail  DEA ATTN P.O. Sprin	(required for this form w Headquarte Box 2639 agfield, VA	stitution,  verification  ith paymention Section	nt to:
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SECTION 4 STATE LICENSE	You in th	MUST be currently authorized to ne schedules for which you are ap	prescribe, dis olying under	stribute, the laws	dispens of the	se, co state	onduct or jur	resea	rch, or n in w	other hich y	wise ou a	e hand are op	lle the erating	contro or pro	olled substopose to c	ances perate.
MANDATORY	Stat	e License Number							Ι							
	Wha	at state was this license issued in?				_										
Expiration	Date	/ / MM - DD - YYYY	_													
SECTION 5															YES	NO
LIABILITY	or beer	e applicant ever been <b>convicted o</b> n excluded or directed to be excluded pending?	f a crime in ed from part	connect	ion with in a me	cont edica	rolled re or s	substa tate he	nce(s) ealth c	unde are pr	r sta ogra	ate or am,or	federa is any	l law, such		
IMPORTANT	` '	of incident MM-DD-YYYY:													YES	NO
All questions in this section must	restricte	e applicant ever surrendered (for ced, or denied, or is any such action	ause) or had pending?	a <b>feder</b>	al contr	olled	subst	ance re	egistra	tion re	evok	ed, sı	ıspend	led,		
be answered.	` '	of incident MM-DD-YYYY:	J-LJ-	o ototo	profoso	ional	licono	o or o	ntroll	nd out	oton	200 ro	aiotrot	ion	YES	NO
		e applicant ever surrendered (for cd, suspended, denied, restricted, of incident MM-DD-YYYY:	r placed on p	probation	n, or is a	iny s	uch ac	tion pe	ending	?	stan	ice re	gistrat	1011	ш	ш
	( )		an a corpora	tion who	se stoc	k is o	wned	and tra	aded b	v the	bubl	lic), as	ssociat	ion.		NO
	partner controll registra registra	oplicant is a <b>corporation</b> (other the ship, or pharmacy, has any officer, ed substance(s) under state or fec tion revoked, suspended, restricte tion revoked, suspended, denied,	partner, stoo leral law, or e d, denied, or restricted or	kholder ever surr ever ha placed o	, or proper endered a state on proba	rieto d, for t <b>e</b> pro ation,	r beer cause ofession or is a	c <b>onv</b> ie, or had onal lice any suc	icted of the contract of the c	of a control on pe	rime cont trolle ndin	in co trolled ed sub g?	nnecti I subst stance	on with ance	n <b>L</b>	
		of incident MM-DD-YYYY:	]-[	-		Not	e: If a	uestioi	1 4 do	es not	app	olv to	vou. be	e sure	to mark 'N ou leave i	10'.
EXPLANATION OF															ou leave l	DIAIIK.
"YES" ANSWERS Applicants who have	ve	bility question # L	ocation(s) of	inciden	t:											
answered "YES" to any of the four que	estions	ure of incident:														
above must provid a statement to exp each "YES" answ	plain															
Use this space or a a separate sheet a return with applicat	attach and Disi	position of incident:														
		N														
		ON FROM APPLICATION FEE nox if the applicant is a federal, sta	te, or local go	overnme	ent offici	al or	institu	tion. D	oes n	ot app	ly to	contr	actor-	operat	ed institut	ons.
Busin	ness or Fac	cility Name of Fee Exempt Institution	on. Be sure	to ente	r the ad	dres	s of th	nis exe	empt i	nstitu	tion	in Se	ection	1.		
										П				П		
	The and	undersigned hereby certifies that is exempt from payment of the ap	the applican	t named	hereon	is a	federa	al, state	or lo	al gov	verni	ment	official	or ins	titution,	
FEE EXEMPT CERTIFIER									_							_
Provide the name a	ŭ	nature of certifying official (other th	an applicant)							Date						
phone number of the certifying official	he —	nt or type name and title of certifyir	g official						_	Telep	họn	ie No.	(requir	red for v	verification)	-
SECTION 7		Make check payable to: D	rug Enforcem	ient Adm	inistrati	on										
METHOD OF PAYMENT		Check See page 4 of instructions	for important in	ntormatio	n.							Mai	this fo	orm wit	th paymer	nt to:
Check one form of		American Express Discover	Maste	r Card	☐ Vi	sa						DEA	Head	quarte	r	
payment only	Cre	dit Card Number				-	Expi	ration [	Date					-	on Sectio	n/ODR
				Ш	Ш	_	Ш		L	Ш			Box 20 ngfield		2152-263	9
Cinn if any in a bu	0:											FEI	E IS N	ON-RE	FUNDAE	LE
Sign if paying by credit card	Sigi	nature of Card Holder														
	Prin	ited Name of Card Holder														
SECTION 8 APPLICANT'S	I ce	rtify that the foregoing information	furnished on	this app	olication	is tru	ue and	l corre	ct.							
Sign in ink	Sig	nature of applicant (sign in ink)								D	ate					-
	Prin	nt 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

## **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 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.

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 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 THEM SKIP TO SECTION 3.

If you need to make a change, applicant should check all drug schedules to be handled from the list displayed below the dotted line. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions.

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 NARCOT		SCHEDULE 3 NARCOTIC	BASIC CLASS	SCHEDULE 4	BASIC CLASS	
Alphaprodine (Nisentil)	prodine (Nisentil) 9010 Buprenorphine (Buprenex, Temgesic, Subutex			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					

- CONTINUED -

# **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 -**

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 the "Yes" box is already marked, then we have that data no 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 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

- 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 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.
- 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 (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 Atta: Pagistration Section

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