

APPLICATION FOR REGISTRATION Under the Controlled Substances Act

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.

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

DEA OFFICIAL USE:

Grid for DEA Official Use

Do you have other DEA registration numbers?

NO YES checkboxes

MAIL-TO ADDRESS

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

FEE FOR ONE (1) YEAR - see Section 2 FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

Individual Registration Business Registration checkboxes

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

Name 1 input field

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

Name 2 input field

PLACE OF BUSINESS Street Address Line 1

PLACE OF BUSINESS Street Address Line 1 input field

PLACE OF BUSINESS Address Line 2

PLACE OF BUSINESS Address Line 2 input field

City

City input field

State

State input field

Zip Code

Zip Code input field

Business Phone Number

Business Phone Number input field

Point of Contact

Point of Contact input field

Business Fax Number

Business Fax Number input field

Email Address

Email Address input field

DEBT COLLECTION INFORMATION

Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number (if registration is for business)

Tax Identification Number input field

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

Social Security Number (if registration is for individual)

Social Security Number input field

SECTION 2 BUSINESS ACTIVITY

BUSINESS ACTIVITY

Check one business activity box only

Researcher - See page 4 for required attachments

- Analytical Lab...fee for one year is \$184
Researcher w/Sched I...fee for one year is \$184
Researcher w/Sched II - V...fee for one year is \$184
Canine Handler...fee for one year is \$184
Distributor...fee for one year is \$1147
Exporter...fee for one year is \$1147
Importer...fee for one year is \$1147
Reverse Distributor...fee for one year is \$1147
Manufacturer...fee for one year is \$2293
Manufacturer BULK...fee for one year is \$2293

SECTION 3

A. DRUG SCHEDULES

- List 1 (L1) - manufacturers & importers ONLY
Schedule 1
Schedule 2 Narcotic
Schedule 2 Non-Narcotic (2N)
Schedule 3 Narcotic
Schedule 3 Non-Narcotic (3N)
Schedule 4
Schedule 5

Enter drug codes on page 2.

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

B. MANUFACTURERS ONLY

Mark each box with an 'X' to indicate which drug schedule is handled in each manufacturing stage

STAGE 1 Bulk synthesis/extraction grid

STAGE 1 Bulk synthesis/extraction

STAGE 3 Package / Repackage Label / Relabel grid

STAGE 3 Package / Repackage Label / Relabel

STAGE 2 Dosage form manufacture grid

STAGE 2 Dosage form manufacture

STAGE 4 Non-human consumption grid

STAGE 4 Non-human consumption

**SECTION 4**

You MUST be currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the **state** or jurisdiction in which you are operating or propose to operate.

**STATE LICENSE(S)**

Be sure to include both state license numbers if applicable

State License Number (REQUIRED)

[Grid for State License Number]

Expiration Date (REQUIRED) / / MM - DD - YYYY

What state issued this license ? \_\_\_\_\_

State Controlled Substance License Number (if required)

[Grid for State Controlled Substance License Number]

Expiration Date (if required) / / MM - DD - YYYY

What state issued this license ? \_\_\_\_\_

**SECTION 5**

**LIABILITY**

1. Has the applicant ever been **convicted of a crime** in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or is any such action pending?

YES NO [ ] [ ]

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

**IMPORTANT**

All questions in this section must be answered.

2. Has the applicant ever surrendered (for cause) or had a **federal** controlled substance registration revoked, suspended, restricted, or denied, or is any such action pending?

YES NO [ ] [ ]

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

3. Has the applicant ever surrendered (for cause) or had a **state** professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?

YES NO [ ] [ ]

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

4. If the applicant is a **corporation** (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been **convicted of a crime** in connection with controlled substance(s) under state or federal law, or ever surrendered, for cause, or had a **federal** controlled substance registration revoked, suspended, restricted, denied, or ever had a **state** professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation, or is any such action pending?

YES NO [ ] [ ]

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

Note: If question 4 does not apply to you, be sure to mark 'NO'. It will slow down processing of your application if you leave it blank.

**EXPLANATION OF "YES" ANSWERS**

Applicants who have answered "YES" to any of the four questions above **must provide a statement to explain each "YES" answer.**

Liability question # \_\_\_\_\_ Location(s) of incident: \_\_\_\_\_

Nature of incident: \_\_\_\_\_

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

Disposition of incident: \_\_\_\_\_

**SECTION 6 EXEMPTION FROM APPLICATION FEE**

Check this box if the applicant is a federal, state, or local government official or institution. Does not apply to contractor-operated institutions.

Business or Facility Name of Fee Exempt Institution. **Be sure to enter the address of this exempt institution in Section 1.**

[Grid for Business or Facility Name]

The undersigned hereby certifies that the applicant named hereon is a federal, state or local government official or institution, and is exempt from payment of the application fee.

**FEE EXEMPT CERTIFIER**

Signature of certifying official (other than applicant) \_\_\_\_\_

Date \_\_\_\_\_

Provide the name and phone number of the certifying official

Print or type name and title of certifying official \_\_\_\_\_

Telephone No. (required for verification) \_\_\_\_\_

**SECTION 7**

**METHOD OF PAYMENT**

Check one form of payment only

Check Make check payable to: **Drug Enforcement Administration** See page 4 of instructions for important information.

American Express  Discover  Master Card  Visa

Credit Card Number

[Grid for Credit Card Number]

Expiration Date

[Grid for Expiration Date]

Mail this form with payment to:

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

Sign if paying by credit card

Signature of Card Holder \_\_\_\_\_

Printed Name of Card Holder \_\_\_\_\_

**FEE IS NON-REFUNDABLE**

**SECTION 8**

**APPLICANT'S SIGNATURE**

Sign in ink

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

Signature of applicant (sign in ink) \_\_\_\_\_

Date \_\_\_\_\_

Print or type name and title of applicant \_\_\_\_\_

**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.**

**C. SCHEDULE AND DRUG CODES**

Listed below are examples of schedules 1-5 and List 1 codes. Check all drug codes you handle as required.  
 For more information, see our website at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov), 21 CFR 1308, or call 1-800-882-9539.

<b>Canine Handler</b>	must mark schedule 1	<b>Distributor</b>	must mark all schedule 1, drug code 2012
<b>Exporter</b>	must mark all schedule 1-5	<b>Reverse Distributor</b>	must mark all schedule 1, drug code 2012
<b>Importer</b>	must mark all schedule 1-5 & List 1 codes	<b>Researcher w/Sched 1</b>	must mark schedule 1
<b>Manufacturer</b>	must mark all schedule 1, 2 & List 1 codes	<b>Researcher w/Sched 2-5</b>	must mark schedule 2 to be manufactured or imported as part of research

*If you bulk manufacture a substance, check the 'BULK?' column after the applicable class code.*

SCHEDULE 1 NARCOTIC & NON-NARCOTIC			CODE	BULK?	SCHEDULE 2 NARCOTIC & NON-NARCOTIC			CODE	BULK?
	3,4-Methylenedioxyamphetamine (MDA)		7400			Amobarbital (Amytal, Tuinal)	2125		
	3,4-Methylenedioxymethamphetamine (MDMA)		7405			Amphetamine (Dexedrine, Adderall)	1100		
	4-Methyl - 2,5 - Dimethoxyamphetamine (DOM, STP)		7395			Cocaine (Methyl benzoylcegonine)	9041		
	4-Methylaminorex (cis isomer) (U4Euh, McN-422)		1590			Codeine (Morphine methyl ester)	9050		
	Alphacetylmethadol (except LAAM)		9603			Dextropropoxyphene (bulk)	9273		
	Bufotinine (Mappine)		7433			Diphenoxylate	9170		
	Marihuana / Cannabidiol		7360/7372			Fentanyl (Duragesic)	9801		
	Diethyltryptamine (DET) (		7434			Hydrocodone (Dihydrocodeinone)	9193		
	Difenoxin 1MG/25UG AtSO4 /DU (Motofen)		9167			Hydromorphone (Diauidid)	9150		
	Dimethyltryptamine (DMT)		7435			Levo-Alphacetylmethadol (LAAM)	9648		
	Etorphine (except HCL)		9056			Levorphanol (Levo-Dromoran)	9220		
	Gamma Hydroxybutyric Acid (GHB)		2010			Meperidine (Demerol, Mepergan)	9230		
	Heroin (Diamorphine)		9200			Methadone (Dolophine, Methadose)	9250		
	lbogaine		7260			Methamphetamine (Desoxyn)	1105		
	Lysergic acid diethylamide (LSD)		7315			Methylphenidate (Concerta, Ritalin)	1724		
	Mescaline		7381			Morphine (MS Contin, Roxanol)	9300		
	Marihuana		7360			Opium, powdered	9639		
	Methaqualone (Quaalude)		2565			Oxycodone (Oxycontin, Percocet)	9143		
	Normorphine		9313			Oxymorphone (Numorphan)	9652		
	Peyote		7415			Pentobarbital (bulk) (Nembutal)	2270		
	Psilocybin		7437			Phencyclidine (PCP)	7471		
	Tetrahydrocannabinols (THC)		7370			Secobarbital (Seconal, Tuinal)	2315		
SCHEDULE 3 NARCOTIC & NON-NARCOTIC			CODE	BULK?	SCHEDULE 4 NARCOTIC & NON-NARCOTIC			CODE	BULK?
	Anabolic Steroids		4000			Alprazolam (Xanax)	2882		
	Barbituric acid derivative		2100			Barbital (Veronal, Plexonal)	2145		
	Benzphetamine (Didrex, Inapetyl)		1228			Chloral Hydrate (Noctec)	2465		
	Buprenorphine (Buprenex, Temgesic)		9064			Chlordiazepoxide (Librium)	2744		
	Butabarbital		2100/2175			Clonazepam (Klonopin)	2737		
	Butalbital		2100/2165			Clorazepate (Tranxene)	2768		
	Codeine combo product (Empirin)		9804			Diazepam (Valium)	2765		
	Dihydrocodeine combo product (Compal)		9807			Flurazepam (Dalmene)	2767		
	Dronabinol in sesame oil soft cap (Marinol)		7369			Lorazepam (Ativan)	2885		
	Gamma-Hydroxybutyric Acid preparations (Zyrem)		2012			Meprobamate (Milltown, Equanil)	2820		
	Hydrocodone combo products (Lorcet, Vicodin)		9806			Midazolam (Versed)	2884		
	Ketamine (Ketaset, Ketalar)		7285			Oxazepam (Serax, Serenid-D)	2835		
	Morphine combo product		9810			Phenobarbital (Fastin, Zantryl)	2285		
	Nalorphine (Nalline)		9400			Phentermine	1640		
	Opium combo product (Paregoric)		9809			Temazepam (Restoril)	2925		
	Pentobarbital suppository dosage (FP3)		2270			Zolpidem (Ambien, Stilnox)	2783		
	Phendimetrazine (Plegine, Bontril)		1615			<b>LIST 1 REGULATED CHEMICALS</b>	<b>CODE</b>	<b>BULK?</b>	
	Thiopental		2100/2329			<b>** ONLY manufacturers &amp; importers may select List 1</b>			
SCHEDULE 5 NARCOTIC & NON-NARCOTIC			CODE	BULK?		Ephedrine	8113		
	Codeine preparations (Robitussin A-C, Pediacof)		9050			Phenylpropanolamine	1225		
	Pyrovalerone (Centroton, Thymergix)		1485			Pseudoephedrine	8112		

**WRITE IN ADDITIONAL CODES**

You may write in additional drug codes in this section. Attach a separate sheet if needed.

**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 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.*

**SECTION 2. BUSINESS ACTIVITY** - Indicate only one. Each type of business activity requires a separate application. You are required to register as a "manufacturer" if you manufacture a controlled substance or list 1 chemical and then distribute it.

**SECTION 3A. SCHEDULES** - Applicant should check all 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 1 and 2 controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.

**3B. MANUFACTURER ONLY** - Mark the chemical/controlled substance schedule(s) handled in each manufacturing stage listed.

**3C. SCHEDULE CODES** - Report all chemical/drug codes as required for your business activity. Controlled substances manufacturers and importers must obtain a separate chemical registration if they handle chemicals other than an FDA-approved drug product containing 1225, 8112, or 8113.

**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 license, provide that number on this application.

**SECTION 5. LIABILITY** - Applicant must answer all four questions for the application to be accepted for processing. If you answer "Yes" to a question, provide an explanation in the space provided. If you answer "Yes" to several questions, then you must provide a separate explanation describing the date, location, nature, and result of each incident. If additional space is required, you may attach a separate page.

**SECTION 6. EXEMPTION** - Exemption from payment of application fee is limited to federal, state or local government official or institution. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided. The address of the fee exempt institution must appear in Section 1.

**SECTION 7. METHOD OF PAYMENT** - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. **FEES ARE NON-REFUNDABLE.**

**SECTION 8. APPLICANT'S SIGNATURE** - Applicant MUST sign in this section or application will be returned. Card holder signature in section 7 does not fulfill this requirement.

**ATTACHMENTS:** Researcher or canine handler must attach 3 copies of protocol, including curriculum vitae, to conduct research with schedule 1 controlled substances. For clinical investigations, researcher must first submit to FDA a "Notice of Claimed Investigational Exemption for New Drug (IND)". See DEA web site or CFR 1301.18 for details.

#### NOTICE TO REGISTRANTS MAKING PAYMENT BY CHECK

*Authorization to Convert Your Check:* If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

*Insufficient Funds:* The electronic funds transfer from your account will usually occur within 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic funds transfer cannot be completed because of insufficient funds, we may try to make the transfer up to two more 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 OMB control number. The OMB number for this collection is 1117-0012. 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 (31 U.S.C. §7701) requires that you furnish your Taxpayer Identification Number (TIN) or Social Security Number (SSN) on this application. This number is required for debt collection procedures if your fee is not collectible.

**PRIVACY ACT NOTICE:** Providing information other than your SSN or TIN is voluntary; however, failure to furnish it will preclude processing of the application. The authorities for collection of this information are §§302 and 303 of the Controlled Substances Act (CSA) (21 U.S.C. §§822 and 823). The principle purpose for which the information will be used is to register applicants pursuant to the CSA. The information may be disclosed to other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes, State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes, and person registered under the CSA for the purpose of verifying registration. For further guidance regarding how your information may be used or disclosed, and a complete list of the routine uses of this collection, please see the DEA System of Records Notice "Controlled Substances Act Registration Records" (DEA-005), 52 FR 47208, December 11, 1987, as modified.

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