

## Instructions for completing DEA Form 253 CSOS Power of Attorney Certificate Application

### **Introduction:**

Form DEA-253 is for individuals requesting a CSOS Signing Certificate for electronic ordering of controlled substances. The POA Applicant must have been granted Power of Attorney to sign controlled substance orders by the DEA Registrant for the DEA Registration(s) identified. The Principal Coordinator/Alternate Coordinator must verify the identity and applicability of the POA applicant in accordance with the DEA Registrant Agreement.

### **Completing the application:**

The information must be **TYPED electronically into the PDF form on-line** with the exception of signatures, affirmations and the notary acknowledgement sections, which must be completed in blue or black ink. **All fields must be completed.**

Either the Principal or Alternate Coordinator for the associated DEA Registration Number(s) must authorize the POA Applicant in Section 3.

The POA Applicant should review the CSOS Power of Attorney Certificate Application Checklist to ensure all required documents are included with his/her application prior to mailing the application package to the CSOS Registration Authority.

### **The CSOS Coordinator must mail the completed application and attachments to:**

Drug Enforcement Administration  
Sterling Park Technology Center / CSOS  
8701 Morrissette Drive  
Springfield, VA 22152

### **What the applicant will receive:**

CSOS POA Applicants will receive one CSOS Signing Certificate for each DEA Registration number enrolled.

A pair of activation notices will be issued for each certificate:

- An E-mail activation notice will be sent for each certificate, which will contain an Access Code unique to that certificate. ***This E-mail is sent to the POA Applicant.***
- A postal mailed activation notice will be sent for each certificate, which will contain an Access Code Password unique to that certificate as well as information for logging in to DEA's secure certificate retrieval Web site. ***This postal mailed document is sent to the POA Applicant's Coordinator.***

The codes must be entered on the DEA E-Commerce Web site in order to retrieve the digital certificate.

Please contact DEA Diversion E-Commerce Support for enrollment assistance.

Phone: 1-877-DEA-ECOM (1-877-332-3266)

E-mail: CSOSsupport@deaecom.gov

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**Section 1 – Applicant Information**

Field Name	Information Description
Applicant Last Name	Enter the last name of the applicant.
Applicant First Name	Enter the first name of the applicant.
MI	Enter the middle initial of the applicant. Enter 'X' if the applicant does not have a middle initial.
Applicant Social Security Number	Enter the Social Security Number of the applicant. This information will be kept private and used for internal purposes as stated in the Privacy Policy.
Applicant Bus. Phone	Enter the business phone number for the applicant. This phone number will be kept private and will be used only when necessary for correspondence concerning your CSOS application or CSOS Certificate(s).
Applicant E-Mail Address	Enter the <i>individual</i> E-mail address for the applicant, which must not be the same E-mail address as any other applicant. This E-mail address will be kept private and will be used for correspondence concerning your CSOS application or CSOS Certificate(s).
DEA Registration No.	Enter the DEA Registration Number for which the applicant is requesting electronic ordering ability and, if indicated, Principal Coordinator status. The number entered on the application <b>MUST</b> appear as it does on the associated DEA Registration Certificate. Inconsistency between the application and the registration certificate will result in approval delays or denial.
DEA Registrant Name	Enter the name of the DEA Registered <i>location</i> as it appears on the DEA Registration Certificate (Form 223). Inconsistency between the application and Registration Certificate will result in approval delays or denial.
Security Code	Enter a security code for the applicant. This information will be kept private and used for authentication purposes. Use letters only. Do not include any numbers.
No. of Addendums	Enter the number of CSOS Certificate Application Registrant List Addendums (DEA Form 254) submitted. <b>Enter '0' if no addendum forms are attached.</b> DEA Registrant List Addendums allow applicants to enroll for Certificates for additional DEA Registration numbers.

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**Section 2 – Applicant Signature**

Field Name	Information Description
Applicant Signature, Date	The applicant must sign and date the application using blue or black ink in the presence of a certified notary public. <i><b>The party signing this application must be the same party listed in Section 1 – Applicant Information (First Name/Last Name/MI).</b></i>

**Section 3 – CSOS Coordinator Affirmation of Applicant Identity Verification**

Field Name	Information Description
CSOS Coordinator Signature	Signature of the Principal Coordinator or Alternate Coordinator responsible for the DEA Registration(s) identified, or the DEA Registrant if the Registrant is serving the role of Principal Coordinator. By signing this block, the Principal Coordinator / Alternate Coordinator attests to verifying the identity and applicability of the applicant identified in Section 1, in accordance with the DEA Registrant Agreement.
Last Name (Print)	Printed last name of the Principal Coordinator / Alternate Coordinator.
First Name (Print)	Printed first name of the Principal Coordinator / Alternate Coordinator.

**Warning:** When the applicant signs the application, he/she is stating that he/she has read, understood, and agreed to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement and Certificate Policy. He/she is certifying that the information, statements and representations provided by him/her on the application are true and accurate to the best of his/her knowledge. He/She understands that presenting false information is a criminal offense and is punishable by law. Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.

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 control number for the collection of this information is 1117-0038. Public reporting burden for this collection of information is estimated to average 0.72 hour, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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E-mail: CSOSsupport@deaecom.gov

## CSOS Power Of Attorney Certificate Application

This application is for individuals who hold valid Power of Attorney to obtain and sign Schedules I and/or II controlled substance orders for the DEA Registrant(s) identified. Prior to submitting this application either a CSOS DEA Registrant Certificate Application (form DEA-251) or the CSOS Principal Coordinator\ Alternate Coordinator Certificate Application (form DEA-252) must have been submitted for the DEA Registrant(s) identified. Read instructions before completing. **ALL FIELDS ARE REQUIRED.**

### Section 1 – Applicant Information

Applicant Last Name

  

Applicant First Name

  

MI                      Applicant SSN Number                      Applicant Bus. Phone

  

Applicant E-Mail Address

  

DEA Registration No.                      DEA Registrant Name

  

Security Code (e.g. Mother’s Maiden Name) *Letters only. Remember this code to ensure proper identification when you call the Support Desk.* No. of Addendums

### Section 2 – Applicant Signature

By signing this document, I am stating that I have read, understand and agree to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement. I am also certifying that the information, statements, and representations provided by me on this form are true and accurate to the best of my knowledge. I understand presenting false information is a criminal offense and is punishable by law.

**Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note: This application will be denied and returned if not signed and dated by the Power of Attorney Applicant listed in Section 1.**

### Section 3 – CSOS Coordinator Affirmation of Applicant Identity Verification

As CSOS Principal Coordinator or CSOS Alternate Coordinator for the DEA Registrant(s) identified, I hereby affirm that I have verified the identity and authorization of the applicant in accordance with the DEA Registrant Agreement.

**CSOS Coordinator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

  

Last Name (Print)

  

First Name (Print)

  

Note: This application will be denied and returned if not signed and dated by an authorized CSOS Coordinator for the requested DEA Registration(s).

## Instructions for completing DEA Form 253 CSOS Power of Attorney Certificate Application Checklist

**Use the following checklist to ensure that your enrollment package is complete. Incomplete applications will be returned if the requested missing items are not supplied within 90 days.**

- All DEA Registration numbers listed are valid for ordering Schedule I and/or II substances.
- The Power of Attorney applicant has read, understood, and agreed to the CSOS Subscriber Agreement and the CSOS Privacy Policy.

The Power of Attorney applicant must have his/her authorized CSOS Coordinator mail all of the following documents to the CSOS Registration Authority

- Form DEA-253** – the original, completed, signed, and authorized CSOS Power of Attorney Certificate Application
  - All fields have been completed – there are *no optional fields*
  - The Power of Attorney Applicant's E-mail address is a personal account, not shared with any other individual applicant
  - An authorized CSOS Coordinator for the DEA Registration numbers listed on form DEA 253 and, if applicable, DEA 254 has signed Section 3, authorizing the Power of Attorney Applicant to enroll
  - The application has been signed by the POA applicant; unsigned applications will be denied and returned
- Power of Attorney Letter** – a photocopy of the letter from the Registrant granting Power of Attorney to the Applicant *for each DEA Registration number identified* on form DEA 252 and 254 (if applicable). This letter granting POA is not the same document as form DEA 253.
- Power of Attorney Applicant Identifications** – photocopies of two clearly readable forms of ID. One form of ID must be a Government-issued photo ID such as a driver's license or passport; the second form of ID does not require a photo and can be anything *except for a credit card*.
- Addendums (Form DEA-254)** – only required if the Power of Attorney applicant is to sign electronic orders for controlled substances for *more than one location*. Each *additional location* must be indicated on the CSOS Certificate Registrant List Addendum (Form DEA- 254). One CSOS Signing Certificate will be issued to the Applicant for each DEA registration number. Please contact DEA E-Commerce Support if enrolling for more than 50 DEA Registrations.

Please contact DEA Diversion E-Commerce Support for enrollment assistance.

Phone: 1-877-DEA-ECOM (1-877-332-3266)

E-mail: [CSOSsupport@deaecom.gov](mailto:CSOSsupport@deaecom.gov)

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CSOS DEA Registrant Certificate Application Checklist

**For all carriers, mail the complete application package to:**



Drug Enforcement Administration  
Sterling Park Technology Center / CSOS  
8701 Morrissette Drive  
Springfield, VA 22152

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