



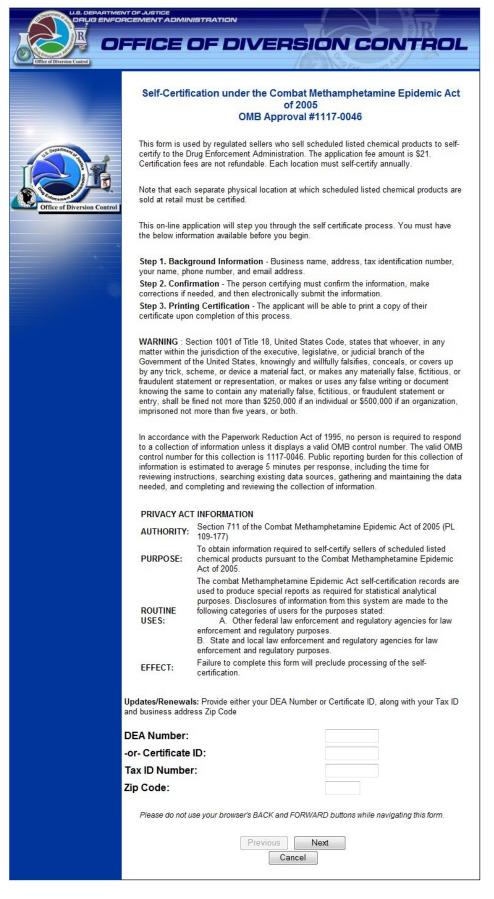
	DET CE (D)	F DIVERSION CONTROL
HELP		Business Information
Please fill in all required fields	Tax ID*	(No dash or spaces)
General Instructions.	DEA Number	
	Business Name*	
	Address Line 1*	
	Address Line 2	
	Address Line 3	
	City*	
	State*	-Select a State-
	Zip code*	
		Point of Contact Information
	Email Address	
	Re-type Email Address	
	Last Name*	
	First Name*	
	Middle Initial	
	Telephone Number*	(No dash or spaces)
		Certification Info
	# of Employees Trained*	
	Total # of Employees at this location*	
	Products that Contains*	Pseudoephedrine Ephedrine Phenylpropanolamine
	Type of Establishment*	-Select a Store Type-
	Fields with a (*) are req	uired.
		Previous Next Cancel

	DEFICE OF DIVERSION CONTROL		
Office of Diversion Control	1 Stan St		
HELP	Credit Card Information		
Please fill in all required	A non-refundable fee of \$21 will be charged to your credit card upon submission of this application.		
fields	Card Type* 💿 Visa 💿 MasterCard 💿 American Express 💿 Discover		
General Instructions.	Card Number* (No dash or spaces)		
	Expiration Date* -MonthYearYear-		
	Exact name on the Card*		
	Click if your credit card bill to address is the same as your business address. Sync		
	Address of Card Holder*		
	Address Line 2		
	City*		
	State* -Select a State-		
	Zip code*		
	Fields with a (*) are required. Previous Next Cancel		
	Cancer		

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	OFFICE OF DIVE	ERSION CONTROL
Office of Diversion Control		Carlon all 5
Click the 'Change	Please review your re buttons on the left to make any changes, the	esponses. hen submit by clicking the 'Submit' button below.
	Business Inform	ation
	Tax ID	
	DEA Number	You did not enter it Enter
Change	Business Name	
	Address	
	Point of Contact Inf	ormation
	Email Address	
Change	Name	
	Telephone Number	
	Certification I	10
	# of Employees Trained Total # of Employees at this location	
Change	Products that Contains	pseudoephedrine
	Type of Establishment	Grocery Store
	Credit Card Infor	mation
	Card Type	Visa
	Card Number Expiration Date	
Change	Expiration Date Exact name on the Card	
	Address of Card Holder	
ertification only.	true and correct. I understand that this constitut	es an electronic signature for purposes of this self- ne following requirements:
who deal directly w	ith purchasers by obtaining payments for the pro	nemical products into the custody of purchasers or oducts have undergone training to ensure that these tamine Epidemic Act of 2005. Records of this training
	dividual purchasers do not exceed 3.6 grams of panolamine base per day, regardless of the numb	
If this local		purchasers do not exceed 7.5 grams of ephedrine
Nonliquid f	forms of scheduled listed chemical products are	packaged in blister packs, each blister containing not hnically not feasible, products are packaged in unit
dose pack	ets or pouches.	in the counter or in a locked cabinet. If this location is
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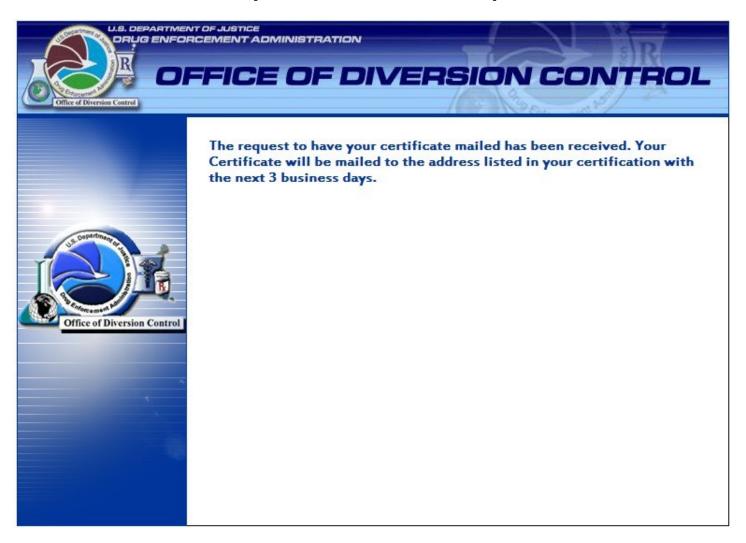
		OF DIVERSION CONTROL
HELP		Business Information
Please fill in all required fields <u>General Instructions.</u>	DEA Number	The name and address information displayed is associated with the DEA registration specified, and cannot be changed here. Update CSA Registration
	Business Name*	
	Address Line 1*	
	Address Line 2	
	City*	
	State*	· · · · · · · · · · · · · · · · · · ·
	Zip code*	
		Point of Contact Information
	Email Address	
	Re-type Email Address	
	Last Name*	
	First Name*	
	Middle Initial	-
	Telephone Number*	(No dash or spaces)
		Certification Info
	# of Employees Trained*	
	Total # of Employees at this location*	
	Products that Contains*	Pseudoephedrine 🗹 Ephedrine 🗹 Phenylpropanolamine
	Type of Establishment*	Pharmacy and Drug Store 🔹
	Fields with a (*)	are required. Previous Next Cancel

	Busir	ness Information
	Tax ID	
	DEA Number	Change
Change	e Business Name	
	Address	
	Point of	Contact Information
	Email Address	
Change	e Name	
	Telephone Number	
	Ce	rtification Info
	# of Employees Trained	
Change	Total # of Employees at this location	
onang	Products that Contains	pseudoephedrine, ephedrine and phenylpropanolamine
	Type of Establishment	Pharmacy and Drug Store
on thes WARNII executiv or cover stateme false, fic	e application pages is true and correct. NG : Section 1001 of Title 18, United States C e, legislative, or judicial branch of the Governr s up by any trick, scheme, or device a materia nt or representation, or makes or uses any fal	box, I hereby certify that the foregoing information furnished code, states that whoever, in any matter within the jurisdiction of the ment of the United States, knowingly and willfully falsifies, conceals, al fact, or makes any materially false, fictitious, or fraudulent lse writing or document knowing the same to contain any materially be fined not more than \$250,000 if an individual or \$500,000 if an both.
certifica		r certify that the foregoing information furnished on this self- this constitutes an electronic signature for purposes of this self-
All indiv who dea individu	iduals who are responsible for delivering sche al directly with purchasers by obtaining payme als understand the requirements of the Comba	ds and agrees to comply with the following requirements: duled listed chemical products into the custody of purchasers or ents for the products have undergone training to ensure that these at Methamphetamine Epidemic Act of 2005. Records of this training
are mai	ntained. Sales to individual purchasers do not exceed	3.6 grams of ephedrine base, pseudoephedrine base, and
٠	phenylpropanolamine base per day, regardles	
		to individual purchasers do not exceed 7.5 grams of ephedrine
		panolamine base in a 30-day period. products are packaged in blister packs, each blister containing not packs are technically not feasible, products are packaged in unit
٠		ed either behind the counter or in a locked cabinet. If this location is a locked cabinet.
•	logbook identifies products by name, quantity purchase, and the signature of the purchaser identification, and the name on that identifica	sales of scheduled listed chemical products is maintained. This y sold, name and address of the purchaser, date and time of . Further, the purchaser must show an approved form of tion is compared to the name written in the logbook. This of a single sales package containing not more than 60 milligrams of
٠	Information in the logbook may not be access compliance with the Combat Methamphetam health and safety. The release of information	ly be disclosed to Federal, State, and local law enforcement. sed, used, or shared for any purpose other than to ensure ine Epidemic Act or to facilitate a product recall to protect public contained in the logbook in good faith to Federal, State, or local law liability, unless the release constitutes gross negligence or
Name o	of Certifying Official	
Title		
		by the applicant, if an individual; by a partner of the applicant, if a ration, corporate division, association, trust or entity.
Once yo	ou select the 'Submit' button below, no furthe	r changes will be possible.
		Submit

		OF DIVERSION CONTROL
HELP		Business Information
Please fill in all required fields <u>General Instructions.</u>	DEA Number	The name and address information displayed is associated with the DEA registration specified, and cannot be changed here. Update CSA Registration
	Business Name*	
	Address Line 1*	
	Address Line 2	
	City*	
	State*	×
	Zip code*	
	2	Point of Contact Information
	Email Address	
	Re-type Email Address	
	Last Name*	
	First Name*	
	Middle Initial	
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		Certification Info
	# of Employees Trained*	
	Total # of Employees at this location*	
	Products that Contains*	🔽 Pseudoephedrine 🗹 Ephedrine 🥅 Phenylpropanolamine
	Type of Establishment*	Pharmacy and Drug Store 💌
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2 78 19		
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U.S. DEPARTMENT OF JUSTIC



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Office of Diversion Control	lf you don't reme	es not change expiration date). e Number and one of the three other fields. ember the Certificate Number, all three of the other fields below. (No dash or spaces)
	Tax ID Zip code Business Name	(No dash or spaces) Click to start



1 Records Found

Click on Certificate ID to reprint the certificate

Approximate developit time: I minute at SiK
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 Set year between's marging to 0 (or at small at your browner will allow). Remove the header and frozer from the page totup to the UKL does not appear on the certificate. Set year output to hardwape.
You can make these sattings by selecting "Page Setup" in your bowser's file deepdown mean. Modila mere might also need to select Print Preview from the File deepdown mean, and set Scales to "Slovick to Fe"
Part
DEA 998 Grannadi September 19-3507
Self-Certification of Compliance
is hereby granted to
The above referenced entity self-certifies that it is in compliance with all provisions related to the sale of ophedrine, pseudoophedrine, or phenylproponolarrine