


Self-Certification, Training & Logbooks for Regulated Sellers of Scheduled Listed Chemical Products
[Information Collection 1117-0046]




**U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION**


OFFICE OF DIVERSION CONTROL

Please select one of the below options.

- Download the training material.
- NEW Self certification.
- Re-certify Self certification.
- UPDATE Self certification (does not change expiration date).
- Reprint a Certificate.



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U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION

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Click the following link to download the

[Training Materials](#)



U.S. Department of Justice
Drug Enforcement Administration

Office of Diversion Control

Self-Certification, Training & Logbooks for Regulated Sellers of Scheduled Listed Chemical Products [Information Collection 1117-0046]



Self-Certification under the Combat Methamphetamine Epidemic Act of 2005 OMB Approval #1117-0046 : Expires 09-30-2009

This form is used by regulated sellers who sell scheduled listed chemical products to self-certify to the Drug Enforcement Administration. The application fee amount is \$21. Certification fees are not refundable. Each location must self-certify annually.

Note that each separate physical location at which scheduled listed chemical products are sold at retail must be certified.

This on-line application will step you through the self certificate process. You must have the below information available before you begin.

Step 1. Background Information - Business name, address, tax identification number, your name, phone number, and email address.

Step 2. Confirmation - The person certifying must confirm the information, make corrections if needed, and then electronically submit the information.

Step 3. Printing Certification - The applicant will be able to print a copy of their certificate upon completion of this process.

WARNING : Section 1001 of Title 18, United States Code, states that whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined not more than \$250,000 if an individual or \$500,000 if an organization, imprisoned not more than five years, 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 valid OMB control number for this collection is 1117-0046. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

PRIVACY ACT INFORMATION

AUTHORITY: Section 711 of the Combat Methamphetamine Epidemic Act of 2005 (PL 109-177)

PURPOSE: To obtain information required to self-certify sellers of scheduled listed chemical products pursuant to the Combat Methamphetamine Epidemic Act of 2005.

The combat Methamphetamine Epidemic Act self-certification records are used to produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

ROUTINE USES:

- 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.

EFFECT: Failure to complete this form will preclude processing of the self-certification.

New Registrations: Please provide your current DEA number if applicable. If you don't have a DEA number, and this is a new certification, simply select Next below.

DEA Number (if applicable)

Please do not use your browser's BACK and FORWARD buttons while navigating this form.

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[Information Collection 1117-0046]

U.S. DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION	
OFFICE OF DIVERSION CONTROL	
HELP Please fill in all required fields General Instructions.	Business Information
	Tax ID* <input type="text"/> (No dash or spaces)
	DEA Number <input type="text"/>
	Business Name* <input type="text"/>
	Address Line 1* <input type="text"/>
	Address Line 2 <input type="text"/>
	Address Line 3 <input type="text"/>
	City* <input type="text"/>
	State* <input type="text" value="-Select a State-"/>
	Zip code* <input type="text"/> - <input type="text"/>
	Point of Contact Information
	Email Address <input type="text"/>
	Re-type Email Address <input type="text"/>
	Last Name* <input type="text"/>
	First Name* <input type="text"/>
Middle Initial <input type="text"/>	
Telephone Number* <input type="text"/> (No dash or spaces)	
Certification Info	
# of Employees Trained* <input type="text"/>	
Total # of Employees at this location* <input type="text"/>	
Products that Contains* <input type="checkbox"/> Pseudoephedrine <input type="checkbox"/> Ephedrine <input type="checkbox"/> Phenylpropanolamine	
Type of Establishment* <input type="text" value="-Select a Store Type-"/>	
<i>Fields with a (*) are required.</i>	
<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>	

U.S. DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION	
OFFICE OF DIVERSION CONTROL	
HELP	Credit Card Information
Please fill in all required fields	A non-refundable fee of \$21 will be charged to your credit card upon submission of this application.
General Instructions.	Card Type* <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover
	Card Number* <input type="text"/> (No dash or spaces)
	Expiration Date* <input type="text"/> -Month- <input type="text"/> -Year-
	Exact name on the Card* <input type="text"/>
	<i>Click if your credit card bill to address is the same as your business address.</i> <input type="button" value="Sync"/>
	Address of Card Holder* <input type="text"/>
	Address Line 2 <input type="text"/>
	City* <input type="text"/>
	State* <input type="text"/> -Select a State-
	Zip code* <input type="text"/>
	<i>Fields with a (*) are required.</i>
	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>


Self-Certification, Training & Logbooks for Regulated Sellers of Scheduled Listed Chemical Products [Information Collection 1117-0046]



Please review your responses.
Click the 'Change' buttons on the left to make any changes, then submit by clicking the 'Submit' button below.

Business Information											
<input type="button" value="Change"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Tax ID</td> <td></td> </tr> <tr> <td>DEA Number</td> <td>You did not enter it <input type="button" value="Enter"/></td> </tr> <tr> <td>Business Name</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> </table>	Tax ID		DEA Number	You did not enter it <input type="button" value="Enter"/>	Business Name		Address			
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<input type="button" value="Change"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Card Type</td> <td>Visa</td> </tr> <tr> <td>Card Number</td> <td></td> </tr> <tr> <td>Expiration Date</td> <td></td> </tr> <tr> <td>Exact name on the Card</td> <td></td> </tr> <tr> <td>Address of Card Holder</td> <td></td> </tr> </table>	Card Type	Visa	Card Number		Expiration Date		Exact name on the Card		Address of Card Holder	
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<p>By typing my first and last name in the following box, I hereby certify that the foregoing information furnished on these application pages is true and correct.</p> <p>WARNING : Section 1001 of Title 18, United States Code, states that whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined not more than \$250,000 if an individual or \$500,000 if an organization, imprisoned not more than five years, or both.</p> <p>By entering my full name in the space below, I hereby certify that the foregoing information furnished on this self-certification form is true and correct. I understand that this constitutes an electronic signature for purposes of this self-certification only.</p> <p><input type="checkbox"/> I certify that test understands and agrees to comply with the following requirements:</p> <p>All individuals who are responsible for delivering scheduled listed chemical products into the custody of purchasers or who deal directly with purchasers by obtaining payments for the products have undergone training to ensure that these individuals understand the requirements of the Combat Methamphetamine Epidemic Act of 2005. Records of this training are maintained.</p> <ul style="list-style-type: none"> • Sales to individual purchasers do not exceed 3.6 grams of ephedrine base, pseudoephedrine base, and phenylpropanolamine base per day, regardless of the number of transactions. • If this location is a mobile retail vendor, sales to individual purchasers do not exceed 7.5 grams of ephedrine base, pseudoephedrine base, and phenylpropanolamine base in a 30-day period. • Nonliquid forms of scheduled listed chemical products are packaged in blister packs, each blister containing not more than two dosage units, or where blister packs are technically not feasible, products are packaged in unit dose packets or pouches. • Scheduled listed chemical products are placed either behind the counter or in a locked cabinet. If this location is a mobile retail vendor, products are placed in a locked cabinet. • A written or electronic list (a "logbook") of all sales of scheduled listed chemical products is maintained. This logbook identifies products by name, quantity sold, name and address of the purchaser, date and time of purchase, and the signature of the purchaser. Further, the purchaser must show an approved form of identification, and the name on that identification is compared to the name written in the logbook. This requirement does not apply to the purchase of a single sales package containing not more than 60 milligrams of pseudoephedrine. • Information contained in the logbook shall only be disclosed to Federal, State, and local law enforcement. Information in the logbook may not be accessed, used, or shared for any purpose other than to ensure compliance with the Combat Methamphetamine Epidemic Act or to facilitate a product recall to protect public health and safety. The release of information contained in the logbook in good faith to Federal, State, or local law enforcement authorities is immune from civil liability, unless the release constitutes gross negligence or intentional, wanton, or willful misconduct. <p>Name of Certifying Official <input style="width: 100%;" type="text"/></p> <p>Title <input style="width: 100%;" type="text"/></p> <p>This electronic self-certification form must be signed by the applicant, if an individual; by a partner of the applicant, if a partnership; or by an officer of the applicant, if a corporation, corporate division, association, trust or entity.</p> <p>Once you select the 'Submit' button below, no further changes will be possible. A non-refundable fee of \$21 will be charged to your credit card.</p>											
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DEA Number (if applicable)

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OMB Approval #1117-0046

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ROUTINE USES:

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- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to complete this form will preclude processing of the self-certification.

Updates/Renewals: Provide either your DEA Number or Certificate ID, along with your Tax ID and business address Zip Code

DEA Number:


-or- Certificate ID:

Tax ID Number:

Zip Code:

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 OFFICE OF DIVERSION CONTROL	
HELP Please fill in all required fields General Instructions	Business Information
	DEA Number <input type="text"/> The name and address information displayed is associated with the DEA registration specified, and cannot be changed here. Update CSA Registration
	Business Name* <input type="text"/>
	Address Line 1* <input type="text"/>
	Address Line 2 <input type="text"/>
	City* <input type="text"/>
	State* <input type="text"/>
	Zip code* <input type="text"/> - <input type="text"/>
	Point of Contact Information
	Email Address <input type="text"/>
	Re-type Email Address <input type="text"/>
	Last Name* <input type="text"/>
	First Name* <input type="text"/>
	Middle Initial <input type="text"/>
	Telephone Number* <input type="text"/> (No dash or spaces)
	Certification Info
	# of Employees Trained* <input type="text"/>
	Total # of Employees at this location* <input type="text"/>
	Products that Contains* <input checked="" type="checkbox"/> Pseudoephedrine <input checked="" type="checkbox"/> Ephedrine <input checked="" type="checkbox"/> Phenylpropanolamine
	Type of Establishment* <input type="text" value="Pharmacy and Drug Store"/>
	<i>Fields with a (*) are required.</i>
	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>

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Total # of Employees at this location									
Products that Contains	pseudoephedrine, ephedrine and phenylpropanolamine								
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 OFFICE OF DIVERSION CONTROL	
<p>HELP</p> <p>Please fill in all required fields</p> <p>General Instructions.</p>	<p style="text-align: center;">Business Information</p> <p>DEA Number <input type="text"/> The name and address information displayed is associated with the DEA registration specified, and cannot be changed here. Update CSA Registration</p> <p>Business Name* <input type="text"/></p> <p>Address Line 1* <input type="text"/></p> <p>Address Line 2 <input type="text"/></p> <p>City* <input type="text"/></p> <p>State* <input type="text"/></p> <p>Zip code* <input type="text"/> - <input type="text"/></p> <p style="text-align: center;">Point of Contact Information</p> <p>Email Address <input type="text"/></p> <p>Re-type Email Address <input type="text"/></p> <p>Last Name* <input type="text"/></p> <p>First Name* <input type="text"/></p> <p>Middle Initial <input type="text"/></p> <p>Telephone Number* <input type="text"/> (No dash or spaces)</p> <p style="text-align: center;">Certification Info</p> <p># of Employees Trained* <input type="text"/></p> <p>Total # of Employees at this location* <input type="text"/></p> <p>Products that Contains* <input checked="" type="checkbox"/> Pseudoephedrine <input checked="" type="checkbox"/> Ephedrine <input type="checkbox"/> Phenylpropanolamine</p> <p>Type of Establishment* <input type="text" value="Pharmacy and Drug Store"/></p> <p><i>Fields with a (*) are required.</i></p> <p style="text-align: center;"> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/> </p>


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Business Information		
Change	Tax ID	
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Point of Contact Information		
Change	Email Address	
	Name	
	Telephone Number	
Certification Info		
Change	# of Employees Trained	
	Total # of Employees at this location	
	Products that Contains	pseudoephedrine and ephedrine
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**U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION**

OFFICE OF DIVERSION CONTROL

The request to have your certificate mailed has been received. Your Certificate will be mailed to the address listed in your certification with the next 3 business days.



**U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION**

Office of Diversion Control



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Please select one of the below options.

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*Please enter your Certificate Number and one of the three other fields.
If you don't remember the Certificate Number,
you need to enter all three of the other fields below.*

Certificate Number (No dash or spaces)

Tax ID (No dash or spaces)

Zip code

Business Name



Self-Certification, Training & Logbooks for Regulated Sellers of Scheduled Listed Chemical Products
[Information Collection 1117-0046]



LIST

<u>Business Name</u>	<u>City</u>	<u>State</u>	<u>Zip code</u>	<u>Date Certified</u>	<u>Status</u>	<u>Certificate ID</u>
SANT DRUG COMPANY	YUMA	AZ	85364	2009-06-24	Approved	<input type="text"/>

1 Records Found

Click on Certificate ID to reprint the certificate

Self-Certification, Training & Logbooks for Regulated Sellers of Scheduled Listed Chemical Products
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