

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

Street Address Line 1 input field

PLACE OF BUSINESS Address Line 2

Address Line 2 input field

City

City input field

State

Zip Code

State and Zip Code input fields

Business Phone Number

Business Phone Number input field

Point of Contact

Point of Contact input field

Cell Phone Number

Cell Phone 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 ID input field

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

Social Security Number (if registration is for individual)

SSN input field

SECTION 2

BUSINESS ACTIVITY

Check one business activity box only

See page 4 for required attachments

- Analytical Lab... fee for one year is \$244
Researcher w/Sched I... fee for one year is \$244
Researcher w/Sched II - V... fee for one year is \$244
Canine Handler... fee for one year is \$244
Distributor... fee for one year is \$1523
Exporter... fee for one year is \$1523
Importer... fee for one year is \$1523
Reverse Distributor... fee for one year is \$1523
Manufacturer... fee for one year is \$3047
Manufacturer BULK... fee for one year is \$3047

SECTION 3

A. DRUG SCHEDULES

Check all that apply

Enter drug codes on page 2.

- 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

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 grid

STAGE 1 Bulk synthesis/extraction

STAGE 2 grid

STAGE 2 Dosage form manufacture

STAGE 3 grid

STAGE 3 Package / Repackage Label / Relabel

STAGE 4 Non-human consumption

C. Listed below are examples of schedules 1-5 and List 1 codes. Check all drug and chemical codes you handle as required.
SCHEDULE For more information, see our web site at www.deadiversion.usdoj.gov, 21 CFR 1308, or call **1-800-882-9539**

CODES

Canine Handler	must mark sched 1	Distributor.....	must mark all sched 1, drug code 2012
Exporter	must mark all schedule 1-5	Reverse Distributor.....	must mark all sched 1, drug code 2012
Importer.....	must mark all schedule 1-5 & List 1 codes	Researcher w/Sched 1.....	must mark sched 1
Manufacturer.....	must mark all schedule 1,2 & List 1 codes	Researcher w/Sched 2-5.....	must mark sched 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?
<input type="checkbox"/>	3,4-Methylenedioxyamphetamine (MDA)	7400	___	<input type="checkbox"/>	Amobarbital (Amytal, Tuinal)	2125	___
<input type="checkbox"/>	3,4-Methylenedioxymethamphetamine (MDMA)	7405	___	<input type="checkbox"/>	Amphetamine (Dexedrine, Adderall)	1100	___
<input type="checkbox"/>	4-Methyl-2,5-Dimethoxyamphetamine (DOM, STP)	7395	___	<input type="checkbox"/>	Cocaine (Methyl benzoylcegonine)	9041	___
<input type="checkbox"/>	4-Methylaminorex -cis isomer (U4Euh, McN-422)	1590	___	<input type="checkbox"/>	Codeine (Morphine methyl ester)	9050	___
<input type="checkbox"/>	Alphacetylmethadol (except LAAM)	9603	___	<input type="checkbox"/>	Dextropropoxyphene (bulk)	9273	___
<input type="checkbox"/>	Bufotenine (Mappine)	7433	___	<input type="checkbox"/>	Diphenoxylate	9170	___
<input type="checkbox"/>	Marihuana	7360	___	<input type="checkbox"/>	Fentanyl (Duragesic)	9801	___
<input type="checkbox"/>	Diethyltryptamine (DET)	7434	___	<input type="checkbox"/>	Hydrocodone (Dihydrocodeinone)	9193	___
<input type="checkbox"/>	Difenoxin 1MG/25UG AtSO4 /DU (Motofen)	9167	___	<input type="checkbox"/>	Hydromorphone (Dilaudid)	9150	___
<input type="checkbox"/>	Dimethyltryptamine (DMT)	7435	___	<input type="checkbox"/>	Levo-Alphaacetylmethadol (LAAM)	9648	___
<input type="checkbox"/>	Etorphine (except HCL)	9056	___	<input type="checkbox"/>	Levorphanol (Levo-Dromoran)	9220	___
<input type="checkbox"/>	Gamma Hydroxybutyric Acid (GHB)	2010	___	<input type="checkbox"/>	Meperidine (Demerol, Mepergan)	9230	___
<input type="checkbox"/>	Heroin (Diamorphine)	9200	___	<input type="checkbox"/>	Methadone (Dolophine, Methadose)	9250	___
<input type="checkbox"/>	Ibogaine	7260	___	<input type="checkbox"/>	Methamphetamine (Desoxyn)	1105	___
<input type="checkbox"/>	Lysergic Acid Diethylamide (LSD)	7315	___	<input type="checkbox"/>	Methylphenidate (Concerta, Ritalin)	1724	___
<input type="checkbox"/>	Mescaline	7381	___	<input type="checkbox"/>	Morphine (MS Contin, Roxanol)	9300	___
<input type="checkbox"/>	Marihuana Extract	7350	___	<input type="checkbox"/>	Opium, powdered	9639	___
<input type="checkbox"/>	Methaqualone (Quaalude)	2565	___	<input type="checkbox"/>	Oxycodone (Oxycontin, Percocet)	9143	___
<input type="checkbox"/>	Normorphine	9313	___	<input type="checkbox"/>	Oxymorphone (Numorphan)	9652	___
<input type="checkbox"/>	Peyote	7415	___	<input type="checkbox"/>	Pentobarbital (Nembutal)	2270	___
<input type="checkbox"/>	Psilocybin	7437	___	<input type="checkbox"/>	Phencyclidine	7471	___
<input type="checkbox"/>	Tetrahydrocannabinols (THC)	7370	___	<input type="checkbox"/>	Secobarbital (Seconal, Tuinal)	2315	___
SCHEDULE 3 NARCOTIC & NON-NARCOTIC		CODE	BULK?	SCHEDULE 4 NARCOTIC & NON-NARCOTIC		CODE	BULK?
<input type="checkbox"/>	Anabolic Steroids	4000	___	<input type="checkbox"/>	Alprazolam (Xanax)	2882	___
<input type="checkbox"/>	Barbituric acid derivative	2100	___	<input type="checkbox"/>	Barbital (Veronal, Plexonal)	2145	___
<input type="checkbox"/>	Benzphetamine (Didrex, Inapetyl)	1228	___	<input type="checkbox"/>	Chloral Hydrate (Noctec)	2465	___
<input type="checkbox"/>	Buprenorphine (Buprenex, Temgesic)	9064	___	<input type="checkbox"/>	Chlordiazepoxide (Librium)	2744	___
<input type="checkbox"/>	Butabarbital	2100/2175	___	<input type="checkbox"/>	Clonazepam (Klonopin)	2737	___
<input type="checkbox"/>	Butalbital	2100/2165	___	<input type="checkbox"/>	Clorazepate (Tranxene)	2768	___
<input type="checkbox"/>	Codeine combo product (Empirin)	9804	___	<input type="checkbox"/>	Diazepam (Valium)	2765	___
<input type="checkbox"/>	Dihydrocodeine combo product (Compal)	9807	___	<input type="checkbox"/>	Flurazepam (Dalmane)	2767	___
<input type="checkbox"/>	Dronabinol in sesame oil soft cap (Marinol)	7369	___	<input type="checkbox"/>	Lorazepam (Ativan)	2885	___
<input type="checkbox"/>	Gamma Hydroxybutyric Acid preparations (Zyrem)	2012	___	<input type="checkbox"/>	Meprobamate (Miltown, Equanil)	2820	___
<input type="checkbox"/>	Ketamine (Ketaset, Ketalar)	7285	___	<input type="checkbox"/>	Midazolam (Versed)	2884	___
<input type="checkbox"/>	Morphine combo product	9810	___	<input type="checkbox"/>	Oxazepam (Serax, Serenid-D)	2835	___
<input type="checkbox"/>	Nalorphine (Nalline)	9400	___	<input type="checkbox"/>	Phenobarbital (Luminal)	2285	___
<input type="checkbox"/>	Opium combo product (Paregoric)	9809	___	<input type="checkbox"/>	Phentermine (Fastin, Zantryl)	1640	___
<input type="checkbox"/>	Pentobarbital suppository dosage (FP3)	2270	___	<input type="checkbox"/>	Temazepam (Restoril)	2925	___
<input type="checkbox"/>	Phendimetrazine (Plegine, Bontril)	1615	___	<input type="checkbox"/>	Zolpidem (Ambien, Stilnox)	2783	___
<input type="checkbox"/>	Thiopental	2100/2329	___	LIST 1 REGULATED CHEMICALS		CODE	BULK?
				** ONLY manufacturers & importers may select List 1			
<input type="checkbox"/>	Codeine preparations (Robitussin A-C, Pediafoc)	9050	___	<input type="checkbox"/>	Ephedrine	8113	___
<input type="checkbox"/>	Pyrovalerone (Centroton, Thymergix)	1485	___	<input type="checkbox"/>	Phenylpropanolamine	1225	___
<input type="checkbox"/>				<input type="checkbox"/>	Pseudoephedrine	8112	___

WRITE IN ADDITIONAL CODES

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

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.

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

Liability question # _____ Location(s) of incident: _____

Nature of incident: _____

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] 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.

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 more 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

No registration will be issued unless a completed application 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 1117-0014. 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.

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 principal 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 persons 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