

**INSTRUCTIONS**

**Save time - renew on-line at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)**

1. To renew by mail complete this application. Keep a copy for your records.
2. Print clearly, using black or blue ink, or use a typewriter.
3. Mail this form to the address provided in Section 6 or use enclosed envelope.
4. Include the correct payment amount. **FEE IS NON-REFUNDABLE.**
5. If you have any questions call 800-882-9539 prior to submitting your application.

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

REGISTRATION INFORMATION:

DEA #

REGISTRATION EXPIRES

**FEE FOR ONE (1) YEAR IS \$1147.00**

**FEE IS NON-REFUNDABLE**

**MAIL-TO ADDRESS**

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



**DELINQUENCY NOTICE**

**SECTION 1 UPDATE REGISTRATION INFORMATION** - Please fill in missing information and make corrections if needed to any data we have on record for your registration.

Name 1 :

[Grid for Name 1]

Name 2 :

[Grid for Name 2]

Street  
Address  
Line 1 :

[Grid for Street Address Line 1]

Address  
Line 2 :

[Grid for Address Line 2]

City  
State :  
Zip

[Grid for City, State, Zip]

Business  
Phone  
Number :

[Grid for Business Phone Number]

Business  
Fax  
Number :

[Grid for Business Fax Number]

Point of  
Contact :

[Line for Point of Contact]

EMAIL  
Address :

[Line for EMAIL Address]

**DEBT COLLECTION  
INFORMATION**

Tax Identification Number

Mandatory pursuant  
to Debt Collection  
Improvements Act

[Grid for Tax Identification Number]

See additional information  
note #3 on page 4.

**SECTION 2**

**A.  
SCHEDULES**

List 1 chemicals

Enter specific codes  
on page 2.

**B.  
MANUFACTURER  
ONLY**

Mark the appropriate  
box with an 'X' to indicate  
if List 1 chemicals  
are handled in bulk  
or dosage form.

[Grid for STAGE 1]

**STAGE 1**  
Bulk synthesis/extraction

[Grid for STAGE 2]

**STAGE 2**  
Dosage form manufacture

C.  
CHEMICAL  
CODES

Listed below are List 1 chemical codes. Check all the chemical codes you handle, and mark if it is bulk or dosage form. For more information, see our web site at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov), 21 CFR 1308, or call 1-800-882-9539

*If you bulk manufacture a chemical, check the 'BULK?' column after the applicable class code.  
If you manufacture the dosage form of a chemical, check the 'DOSAGE?' column after the applicable code.*

LIST 1 CHEMICAL NAME	CODE	BULK?	DOSAGE?
<input type="checkbox"/> 3,4-Methylenedioxyphenyl-2-Propanone	9809	_____	_____
<input type="checkbox"/> Anthranilic Acid	8530	_____	_____
<input type="checkbox"/> Benzaldehyde	8256	_____	_____
<input type="checkbox"/> Benzyl Cyanide	8735	_____	_____
<input type="checkbox"/> Ephedrine	8113	_____	_____
<input type="checkbox"/> Ergonovine	8675	_____	_____
<input type="checkbox"/> Ergotamine	8676	_____	_____
<input type="checkbox"/> Ethylamine	8678	_____	_____
<input type="checkbox"/> Gamma Butyrolactone (GBL)	2011	_____	_____
<input type="checkbox"/> Hydriodic Acid	6695	_____	_____
<input type="checkbox"/> Hypophosphorous Acid and Salts	6797	_____	_____
<input type="checkbox"/> Isosafrole	8704	_____	_____
<input type="checkbox"/> Methylamine	8520	_____	_____
<input type="checkbox"/> N-Acetylanthranilic Acid	8522	_____	_____
<input type="checkbox"/> N-Methylephedrine	8115	_____	_____
<input type="checkbox"/> N-Methylpseudoephedrine	8119	_____	_____
<input type="checkbox"/> Nitroethane	6724	_____	_____
<input type="checkbox"/> Norpseudoephedrine	8317	_____	_____
<input type="checkbox"/> Phenylacetic Acid	8791	_____	_____
<input type="checkbox"/> Phenylpropanolamine	1225	_____	_____
<input type="checkbox"/> Piperidine	2704	_____	_____
<input type="checkbox"/> Piperonal	8750	_____	_____
<input type="checkbox"/> Propionic Anhydride	8328	_____	_____
<input type="checkbox"/> Pseudoephedrine	8112	_____	_____
<input type="checkbox"/> Red Phosphorus	6795	_____	_____
<input type="checkbox"/> Safrole	8323	_____	_____
<input type="checkbox"/> White Phosphorus	6796	_____	_____

WRITE IN ADDITIONAL CODES You may write in additional chemical codes in this section. Attach a separate sheet if needed.

**SECTION 3**

**STATE LICENSE**

Enter your state license information if you are currently authorized to manufacture, distribute, import, or export the listed chemicals for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate.

State License Number :

[Grid for State License Number]

Expiration Date :

/ /  
MM - DD - YYYY

NOT REQUIRED  
by this state

What state issued the license ? \_\_\_\_\_

**SECTION 4**

**LIABILITY**

1. Has the applicant ever been **convicted of a crime** in connection with listed chemical(s) under state or federal law, or is any such action pending? YES  NO

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

**IMPORTANT**

2. Has the applicant ever surrendered (for cause) or had a **federal** registration revoked, suspended, restricted, or denied, or is any such action pending? YES  NO

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

All questions in this section must be answered.

3. Has the applicant ever surrendered (for cause) or had a **state** professional license or registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? YES  NO

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

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 listed chemical(s) under state or federal law, or ever surrendered, for cause, or had a **federal** listed chemical/controlled substance registration revoked, suspended, 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: [Grid]

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**

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

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

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

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

**SECTION 5 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 6**

**METHOD OF PAYMENT**

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

American Express  Discover  Master Card  Visa

Check one form of payment only

Credit Card Number

Expiration Date

[Grid for Credit Card Number]

[Grid for Expiration Date]

Mail this form with payment to:

U.S. Department of Justice  
Drug Enforcement Administration  
P.O. Box 28083  
Washington, DC 20038-8083

**FEE IS NON-REFUNDABLE**

Sign if paying by credit card

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

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

**SECTION 7**

**APPLICANT'S SIGNATURE**

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

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

Date \_\_\_\_\_

Sign in ink

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

**WARNING:** 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, or both.

**SECTION 1. UPDATE REGISTRATION INFORMATION** - Each data field displays the information we have on record for your registration. Fill in blanks, update and correct data in the blocks provided. A physical address is required in address line 1; a post office box or continuation of the address may be entered in address line 2. Fee exempt applicant must list the address of the fee exempt institution in this section. The email address and point of contact are new data items that are in the process of OMB approval and will soon be mandatory. They are requested in order to facilitate communication or as required by inter-agency data sharing requirements. Applicant must enter a valid tax identification number (TIN). **Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.**

IF ALL THE DATA IS CORRECT AND COMPLETE, THEN SKIP TO SECTION 2.

**SECTION 2A. SCHEDULES** - Applicant is registering for List 1 chemicals on this application. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions.

**2B. MANUFACTURER ONLY** - Mark the appropriate box to indicate if you are manufacturing List 1 chemicals in bulk or dosage form.

**2C. CHEMICAL CODES** - Applicant must check all List 1 chemicals to be handled and indicate if the chemical is in bulk or dosage form.

**SECTION 3. 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 information and attach a copy to this application. IF YOUR STATE DOES NOT REQUIRE A LICENSE, MARK AN 'X' IN THE BOX TO INDICATE IT IS NOT REQUIRED BY YOUR STATE.

**SECTION 4. 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 of the questions, then you must provide a separate explanation describing the location, nature, and result of incident for each "Yes" answer. If additional space is required, you may attach a separate page.

**SECTION 5. EXEMPTION FROM APPLICATION FEE** - 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 6. 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 7. APPLICANT'S SIGNATURE** - Applicant MUST sign in this section or application will be returned. Card holder signature in section 6 does not fulfill this requirement.

**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 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 1117-0031. Public reporting burden for this collection of information is estimated to average 15 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 (PL 104-134) requires that you furnish your Taxpayer Identification Number and/or Social Security Number on this application. This number is required for debt collection procedures if your fee is not collectible.

**4. PRIVACY ACT INFORMATION**

**AUTHORITY:** Section 302 and 303 of the Controlled Substances Act of 1970 (PL91-513) and Debt Collection Improvements Act of 1966 (PL 104-134) for SSN and/or TIN

**PURPOSE:** To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970

**ROUTINE USES:** The Controlled Substances Act registration system produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following :

- 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
- C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying registration

**EFFECT:** Failure to complete form will preclude processing of the application.

**Your Local DEA Office**

**ATLANTA DIVISION OFFICE**  
 ATTN: Registration  
 75 Spring Street SW, Suite 800  
 ATLANTA, GA 30303

Georgia (888)869-9935  
 North Carolina (888)219-8689  
 South Carolina (866)533-6983  
 Tennessee (888)219-7898

**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  
 P.O. Box 28083  
 Washington, D.C. 20038-8083