



**C. SCHEDULE AND DRUG CODES**

Listed below are examples of schedules 1 - 5 drug codes. Check all drug codes you handle as required. For more information, see our website at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov), 21 CFR 1308, or call **1-800-882-9539**.

*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?
3,4-Methylenedioxyamphetamine (MDA)	7400		Amobarbital (Amytal, Tuinal)	2125	
3,4-Methylenedioxymethamphetamine (MDMA)	7405		Amphetamine (Dexedrine, Adderall)	1100	
4-Methyl - 2,5 - Dimethoxyamphetamine (DOM, STP)	7395		Cocaine (Methyl benzoyllecgonine)	9041	
4-Methylaminorex (cis isomer) (U4Euh, McN-422)	1590		Codeine (Morphine methyl ester)	9050	
Alphacetylmethadol (except LAAM)	9603		Dextropropoxyphene (bulk)	9273	
Bufotene (Mappine)	7433		Diphenoxylate	9170	
Marihuana / Cannabidiol	7360/7372		Fentanyl (Duragesic)	9801	
Diethyltryptamine (DET) (	7434		Hydrocodone (Dihydrocodeinone)	9193	
Difenoxin 1MG/25UG AtSO4 /DU (Motofen)	9167		Hydromorphone (Diauid)	9150	
Dimethyltryptamine (DMT)	7435		Levo-Alphacetylmethadol (LAAM)	9648	
Etorphine (except HCL)	9056		Levorphanol (Levo-Dromoran)	9220	
Gamma Hydroxybutyric Acid (GHB)	2010		Meperidine (Demerol, Mepergan)	9230	
Heroin (Diamorphine)	9200		Methadone (Dolophine, Methadose)	9250	
Ibogaine	7260		Methamphetamine (Desoxyyn)	1105	
Lysergic acid diethylamide (LSD)	7315		Methylphenidate (Concerta, Ritalin)	1724	
Mescaline	7381		Morphine (MS Contin, Roxanol)	9300	
Marihuana	7360		Opium, powdered	9639	
Methaqualone (Quaalude)	2565		Oxycodone (Oxycontin, Percocet)	9143	
Normorphine	9313		Oxymorphone (Numorphan)	9652	
Peyote	7415		Pentobarbital (bulk) (Nembutal)	2270	
Psilocybin	7437		Phencyclidine (PCP)	7471	
Tetrahydrocannabinols (THC)	7370		Secobarbital (Seconal, Tuinal)	2315	
SCHEDULE 3 NARCOTIC & NON-NARCOTIC	CODE	BULK?	SCHEDULE 4 NARCOTIC & NON-NARCOTIC	CODE	BULK?
Anabolic Steroids	4000		Alprazolam (Xanax)	2882	
Barbituric acid derivative	2100		Barbital (Veronal, Plexonal)	2145	
Benzphetamine (Didrex, Inapetyl)	1228		Chloral Hydrate (Noctec)	2465	
Buprenorphine (Buprenex, Temgesic)	9064		Chlordiazepoxide (Librium)	2744	
Butabarbital	2100/2175		Clonazepam (Klonopin)	2737	
Butalbital	2100/2165		Clorazepate (Tranxene)	2768	
Codeine combo product (Empirin)	9804		Diazepam (Valium)	2765	
Dihydrocodeine combo product (Compal)	9807		Flurazepam (Dalmane)	2767	
Dronabinol in sesame oil soft cap (Marinol)	7369		Lorazepam (Ativan)	2885	
Gamma-Hydroxybutyric Acid preparations (Zyrem)	2012		Meprobamate (Milltown, Equanil)	2820	
Ketamine (Ketaset, Ketalar)	7285		Midazolam (Versed)	2884	
Morphine combo product	9810		Oxazepam (Serax, Serenid-D)	2835	
Nalorphine (Nalline)	9400		Phenobarbital (Fastin, Zantryl)	2285	
Opium combo product (Paregoric)	9809		Phentermine	1640	
Pentobarbital suppository dosage (FP3)	2270		Temazepam (Restoril)	2925	
Phendimetrazine (Plegine, Bontril)	1615		Zolpidem (Ambien, Stilnox)	2783	
Thiopental	2100/2329				
SCHEDULE 5 NARCOTIC & NON-NARCOTIC	CODE	BULK?			
Codeine preparations (Robitussin A-C, Pediacof)	9050				
Pyrovalerone (Centroton, Thymergix)	1485				

**WRITE IN ADDITIONAL CODES**

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

**SECTION 3**

You **MUST** be currently authorized to 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 (if required)

[Grid for State License Number]

Expiration Date (REQUIRED)

MM - DD - YYYY

State Controlled Substance License Number (if required)

[Grid for State Controlled Substance License Number]

Expiration Date (if required)

MM - DD - YYYY

Which state or jurisdiction issued these licenses? \_\_\_\_\_

**SECTION 4 LIABILITY**

YES NO

1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law?

YES  NO

Date(s) of incident MM-DD-YYYY: \_\_\_\_\_

2. Has the applicant ever 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: \_\_\_\_\_

3. 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: \_\_\_\_\_

4. 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: \_\_\_\_\_

5. 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 5 does not apply to you, be sure to mark 'NO'.

**EXPLANATION OF "YES" ANSWERS**

Applicants who have answered "YES" to any above question **must provide an explanation.**

Liability question # \_\_\_\_\_

Location(s) of incident: \_\_\_\_\_

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

Result 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 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 for Credit Card Number]

Expiration Date

MM - YY

Sign if paying by credit card

Signature of Card Holder

Printed Name of Card Holder

Mail this form with payment to:

DEA Headquarters  
ATTN: Registration Section/DRR  
P.O. Box 2639  
Springfield, VA 22152-2639

**FEE IS NON-REFUNDABLE**

**SECTION 7**

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

**APPLICANT'S SIGNATURE**

Signature of applicant (sign in ink)

Date

Sign in ink

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.

# Form-225A RENEWAL APPLICATION FOR REGISTRATION Supplementary Instructions and Information

**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 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 2A. SCHEDULES** - 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. All the schedules you were certified for on previous registration are displayed above the dotted line. If you are registering for the same schedule(s) listed, CHECK THE "NO CHANGE" BOX. If you need to make a change, applicant should check all schedules to be handled from the list displayed below the dotted line. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions.

**2B. MANUFACTURER ONLY** - Mark the chemical/controlled substance schedule(s) handled in each manufacturing stage listed.

**2C. 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 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 number on this application.

**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 questions, then you must provide a separate explanation describing the date, location, nature, and result of each incident. If the "Yes" box is already marked, then we have that data on record from a previous registration. You must provide an explanation for the original and all subsequent [new] incidents. If additional space is required, you may attach a separate page.

**SECTION 5. 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 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.

**ATTACHMENTS:** Researcher 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**

## DEA DIVERSION CUSTOMER SUPPORT

**INTERNET:**  
[www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)

**TELEPHONE:**  
Customer Support Center: (800)882-9539

**WRITTEN INQUIRIES:**  
DEA  
Attn: Registration Section/DRR  
P.O. Box 2639  
Springfield, VA 22152-2639