

Drug Enforcement Administration

# Controlled Substances Act Online: Renewal Applications

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User Manual

Version 5.3  
April 13, 2021



## Change Control Page

New Version

Revision	Date	Section	Description	Author
1.0	10/9/2007	All	Initial Draft	Scott M. Roberts
2.0	12/28/2009	All	Update image headers to account for new website design.	Scott M. Roberts
3.0	7/10/2014	All	Updated screenshots	Scott M. Roberts
4.0	9/11/2014	All	Updated screenshots for Web 2.0	Scott M. Roberts
5.0	9.17.19	All	Separated into dedicated New and Renewal Manuals Updated for new online application Changed all references and acronyms for Office of Diversion Control to DC and SID	Kevin Baker
5.1	2.24.20	1.3; 1.4; 2.0; 2.1.1; 2.3; 2.9; 2.10; A.0; B.0	<p>1.3 - Updated login procedure</p> <p>1.4 - Separated from login requirements</p> <p>2.0 - All 2.0 subsection, added note that the Cancel button exits the online application</p> <p>2.1.1 - Added note concerning business activity applicability per state</p> <p>2.3 - Added note concerning controlled license field applicability if not required by a state</p> <p>2.9 - Added Section</p> <p>2.10 - Added section</p> <p>A.0 - Added EMS</p> <p>B.0 - Added EMS</p>	Kevin Baker
5.2	10.5.20	2.1	2.1	Kevin Baker

Revision	Date	Section	Description	Author
			- Added section	
5.3	4.13.21	SP; 1.4; 2.3; 2.4; 2.8.1; 2.8.1; 2.11; A.0	SP - Updated signatories 1.4 - Updated SSN and Tax ID language 2.3 - Updated order form language 2.4 - Added types of applicants that require a state license - Updated language on controlled license requirements 2.8.1 - Updated division name 2.8.2 - Updated Tracking ID definition 2.11 - Removed EMS Locations section A.0 - Updated fees	Amanda Blake

## Signature Page

**Document Name:** Controlled Substances Act Online: Renewal Applications  
User Manual

**Publication Date:** April 13, 2021

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## Preface

It is the reader's responsibility to ensure they have the latest version of this document. Questions should be directed to the owner of this document or the project manager.

This document was developed by the Information Systems Division, Diversion Technology Section.

## Approval

Approval of this document is contingent upon the review of and signatures by the project and program managers and by specified members of TQD.

## System Owner

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## Privacy Information

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Copies may be made without contacting the owner of the document.

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# 1.0 Introduction

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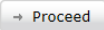
In 1970, the United States Congress created the Controlled Substances Act (CSA), legislation mandating that all entities manufacturing, distributing, dispensing, administering, and prescribing controlled substances must maintain an active registration within the Drug Enforcement Administration (DEA). All registrants must comply with all drug security, records accountability, and standards adherence requirements.

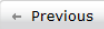
The Renewal Application web form allows registrants nearing the expiration date of their registration the ability to reapply online for a continuation of their registration. Note that applying does not guarantee approval. Every application is subject to a thorough investigation, which may end in a rejected application. Application fees are nonrefundable.


## 1.1 Basic Navigation


Do *not* use the browser's navigation buttons.

Use the buttons at the bottom of the page to navigate the application. Button functionality is as follows:

 : proceed to the next page in sequence.

 : return to the previous page.

 : exit the application. Note that any progress made will be lost.

**Required fields** (indicated by a “\*”) must be filled out properly before clicking .

Hover the cursor over a field's  button to receive a description of that field.


## 1.2 Access

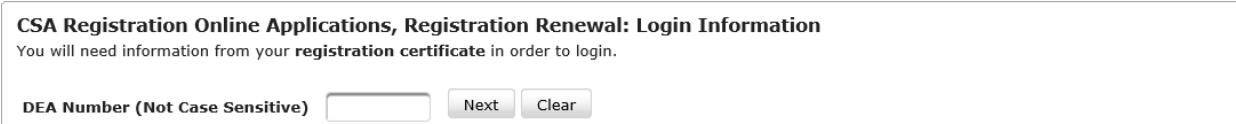
The Renewal Application web form may be accessed by clicking the following link:

<https://apps.dea diversion.usdoj.gov/webforms2/spring/renewalLogin>

*Note: the browser must support 128-bit encryption.*

## 1.3 Login


In order to renew a registration, registrants must first log in to their account. Enter a valid DEA number and click the  button.



CSA Registration Online Applications, Registration Renewal: Login Information  
You will need information from your registration certificate in order to login.

DEA Number (Not Case Sensitive)

Figure 1: Login Information

The  button will clear all data from the field without saving.



## 1.4 Identity Verification

**CSA Registration Online Applications, Registration Renewal: Login Information**  
You will need information from your **registration certificate** in order to login.

DEA Number (Not Case Sensitive)

---

**Business Name (Not Case Sensitive)** As it appears on your CURRENT DEA Certificate of Registration.  
If "Smith's, Pharmacy" is on your registration/application, then enter: Smith's  
If "Smith's Pharmacy" (no comma) is on your registration, then enter: Smith's Pharmacy

**Tax ID (Required if provided on last application for a DEA registration)**

**Zip (from DEA Certificate of Registration)**

**Current Expiration Date (In most cases, you will NOT be able to access your registration information if today's date is more than sixty (60) days prior to the expiration date)**

Figure 2: Identity Verification

Once a DEA number is accepted as valid, it will become **grayed** out and may not be edited without first clicking the  button.

Enter the following information into the required fields.

**Last Name or Business Name:** individuals should enter their last name, while businesses should enter the name of the business.

- This is a required field and must be entered exactly as it appears on the registration.

**SSN or Tax ID:** the registrant's Social Security Number (SSN) or tax identification (ID) number.

- This is a required field for registrants who have an SSN or Tax ID as part of their registration.

**Zip:** the zip code associated with the registrant's business address.

- This is a required field.
- Only the first five (5) digits of the zip code are required.

**Current Expiration Date:** the date on which the registration is due to expire.

- A selection is required from both drop-down menus.

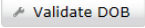
When finished, click the  button.

As a measure of additional security, please confirm your Date of Birth as given on your most recent application/update.




Figure 3: Date of Birth Validation

Individuals must provide further validation via their date of birth. Businesses will not see this page.

- Click the field to make a calendar appear.
- Select from the calendar the date of birth listed on the most recent application or update.
- Click the  button to continue.

Once the registrant's information has been validated, those registrants entering their renewal cycle will see the following screen.

### Renewal Application for Registration Under Controlled Substances Act of 1970

**ONLY USE THIS FORM TO:**

1. **RENEW YOUR DEA REGISTRATION** (Do not use for NEW Registrations or if you have already mailed in a paper form).

ON-LINE RENEWAL CONSISTS OF SIX (6) SECTIONS. Please have the following information available before you begin the application:

**Section 1. Personal/Business Information**

Review current information. If changed: Address, phone number. If not previously provided: SSN or Tax ID.

**Section 2. Activity**

If changed: Drug Schedule information. **In addition** - Certain registrants for forms 225 and 510 will need to provide specific drug codes and/or chemical codes related to their operations.

**Section 3. State License(s)**

It is mandatory to provide State medical and/or controlled substance licenses/registrations. Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn **WITHOUT** refund.

**Section 4. Background Information**

Information pertaining to controlled substances in the applicant's background.

**Section 5. Payment**

Payment, via this on-line application, must be made with a Visa or Master Card, American Express, or Discover. **Application fees are not refundable.**


**Section 6. Confirmation**

Applicants will confirm the entered information, make corrections if needed, and electronically submit the application and a submission confirmation will be presented. Applicants will be able to print copies for their records.

**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.

 Proceed

 Cancel

Click the  button to begin the registration renewal (see section ).

## 2.0 CSA Registration Online Applications: Renewal

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The images found in the sections below are composites of every field available, regardless of business activity. They are intended for illustration purposes only, and are therefore not true representations of what users will see when applying for registration. Many of the fields appear for individuals rather than business or for specific business activities and will be noted where appropriate.

## 2.1 First Steps

### 2.1.1 Pre-Acceptance Checklist

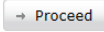
Select business activities must acknowledge the completion of a pre-application checklist before completing a new application.

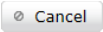
List of Business Activities with Pre-Application Checklists:

- Practitioner
- Practitioner — Military
- MLP — Military
- Practitioner — DOD Contractor
- MLP — DOD Contractor
- Researcher I
- Emergency Medical Services

## 2.2 Personal Information

### 2.2.1 Page 1

The first page of the renewal application form lists personal information. Correct any information that has changed. When ready, continue to the next page by clicking the  button.

Note that clicking the  button will exit the online application, not just the current page.

**Personal Information**

Last Name\*  ?

First Name\*  ?

Additional Company Information  ?

Business Address Line 1\*  ?

Business Address Line 2  ?

City\*  ?

State\*  ?

Zip\*  (No dashes or spaces) ?

Business Phone Number\*  Ext.  ?

Business Email Address\*  ?

Contact Name  ?

Contact Cell Phone Number\*  ?

Mailing Address  (Same as Registered Address)

Additional Company Information  ?

Mailing Address Line 1\*  ?

Mailing Address Line 2  ?

City\*  ?

State\*  ?

Zip\*  (No dashes or spaces) ?

Figure 4: Personal Information, page 1

Note that fields marked with an asterisk (\*) are required fields.

- **Last / Business Name:** for businesses and other facilities, the name of the business or facility; for individual practitioners, the last name of the practitioner. *This is a required field.*
- **First Name:** the first name, middle initial and medical degree of the individual practitioner. This field only appears when an individual practitioner is selected as the business activity (i.e.: practitioner, medical psychologist, optometrist, etc.). *For individuals only, this is a required field.*
- **Additional Company Information:** any additional information concerning the registrant. This is usually a subdivision of the primary registrant or an individual doing business as the named registrant.
- **Business Address Line 1:** the physical address from which the registrant conducts business
  - *This is a required field.*
  - The address must be between 2 and 60 characters.
  - Only valid addresses will be accepted.
- **Business Address Line 2:** any additional address information, such as suite and apartment numbers, if required
- **City:** the city in which the registrant conducts business
  - *This is a required field.*

- o The city must be between 2 and 35 characters.
  - o The city must be valid for the entered state and zip code.
- **State:** the state in which the registrant conducts business, selected from the menu
  - o *This is a required field.*
  - o The state must be valid for the entered city and zip code.
  - o Note that not every business activity is available in every state.
- **Zip:** the registrant's postal code, plus four- (4) digit extension, if available.
  - o *This is a required field.*
  - o The zip code must be valid for the entered city and state.
- **Business Phone Number:** the registrant's telephone number, plus extension, if available.
  - o *This is a required field.*
  - o Valid formats: 1234567890 or (123) 456-7890
- **Business Email Address:** the registrant's email address
  - o *This is a required field.*
  - o The email address must be no more than 60 characters.
- **Contact Name:** the name of the business's or individual's primary contact
- **Contact Cell Phone Number:** the business contact's cell phone number
  - o *This is a required field.*
  - o Valid formats: 1234567890 or (123) 456-7890

The next fields contain the mailing information. Click the checkbox next to **Mailing Address (same as Registered Address)** if the mailing address is identical to the address entered in the above fields. The information will automatically be copied to the relevant fields. If the information is different, the following fields must be manually completed.

- **Additional Company Information:** any additional information concerning the registrant. This is usually a subdivision of the primary registrant or an individual doing business as the named registrant.
- **Business Address Line 1:** the physical address where the registrant may be contacted
  - o *This is a required field.*
  - o The address must be between 2 and 60 characters.
- **Business Address Line 2:** any additional address information, such as suite and apartment numbers, if required
- **City:** the city in which the registrant conducts business
  - o *This is a required field.*
  - o The city must be between 2 and 35 characters.
- **State:** the state in which the registrant conducts business, selected from the drop-down menu. *This is a required field.*
- **Zip:** the registrant's postal code, plus the four- (4) digit extension, if available. *This is a required field.*

## 2.2.2 Page 2

The Fee exempt checkbox is checked automatically for military business activities. *Note that neither the tax ID nor SSN may be changed if already validated during login.*

Note that clicking the  button will exit the online application, not just the current page.

Enter a Social Security Number (Individuals) or Taxpayer Identifying Number(Individuals/Businesses)  
If you are Fee Exempt, check the Fee Exempt box below and supply the required information.

**Tax ID** [Validated during login. Cannot be changed using this online form.]

**For Fee Exempt Applicants ONLY:**  
By checking this box, the applicant hereby CERTIFIES that they are a Government employee (not a contractor) of a federal, state, or local government agency, or if an institution, it is OPERATED by a government agency and is exempt from the payment of the application fee.

**CERTIFICATION FOR FEE EXEMPTION - Government Only** ?

**Provide the Name, Title, and phone number of the Certifying Official (applicants must not certify themselves):**

**Name of Fee Exempt Institution\***  ?  
(Must be a Federal, State, or County Agency)

**Certifying Official Name\***  ?

**Certifying Official Title\***  ?

**Certifying Official Email\***  ?

**Certifying Official Phone\***  Ext.  ?

By checking the following box, the applicant states that the certifying official listed above has consented to be named on this application for the purpose of certifying the applicant's Fee Exempt status.

THE FEE EXEMPT REGISTRATION IS RESTRICTED FOR GOVERNMENT WORK ONLY. IT MAY NOT BE USED AT NON-GOVERNMENT FACILITIES.

**I have read the above, and agree\*** ?

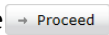
Figure 5: Personal Information, page 2

The following fields are applicable and required for government applicants only. Non-government applicants may click the  button to continue to the next page.

- **Certification for Fee Exemption:** indicates that the applicant is eligible for fee exemption. This should only be clicked by government authorities. The box will be checked automatically for all military applicants.
- **Name of Fee Exempt Institution:** the name of the registrant's organization. This field is applicable only when the Fee Exemption box has been checked. *This is a required field.*
- **Certifying Official Name:** the name of the individual at the facility authorizing the applicant for certification. This field is applicable only when the Fee Exemption box has been checked. *This is a required field.*
- **Certifying Official Title:** the certifier's title. This field is applicable only when the Fee Exemption box has been checked. *This is a required field.*
- **Certifying Official Email:** the certifier's email address. This field is applicable only when the Fee Exemption box has been checked. *This is a required field.*
- **Certifying Official Phone:** the certifier's phone number, plus extension, if available. This field is applicable only when the Fee Exemption box has been checked. *This is a required field.*

Once the Fee Exemption fields have been filled, applicants must acknowledge that they have read the following:

THE FEE EXEMPT REGISTRATION IS RESTRICTED FOR GOVERNMENT WORK ONLY. IT MAY NOT BE USED AT NON-GOVERNMENT FACILITIES.


Once the **I have read the above and agree** checkbox is selected, click the  button to continue to the next page.

*Note that if the application detects that the Social Security Number (SSN) entered is already in the system, a warning will display advising applicants to file a renewal application instead. However, it is possible to continue the application process with the entered SSN.*




## 2.3 Business Activity/Schedules

Applicants request drug schedules on this page. At least one selected drug schedule must be selected to complete this section.

Note that clicking the  button will exit the online application, not just the current page.


Your business activity is: MANUF (BULK)


---

DRUG SCHEDULES [\[Schedule Details\]](#)  
 Select all that apply 

<input type="checkbox"/> Schedule 1	<input type="checkbox"/> Schedule 2 Narcotic
<input type="checkbox"/> Schedule 2 Non Narcotic	<input type="checkbox"/> Schedule 3 Narcotic
<input type="checkbox"/> Schedule 3 Non Narcotic	<input type="checkbox"/> Schedule 4
<input type="checkbox"/> Schedule 5	<input type="checkbox"/> List 1

Mid Level Practitioners may only select schedules which are valid for the State in which they practice, and their professional degree. As a result, you may not see all schedules in the above selections. If there are no selectable schedules presented above, that means there are no valid schedules for your State and activity, and this application cannot be completed. Please check the DEA website's [State MLP Tables](#) for more details.

Check here if you require order forms to only purchase Schedule I and II from suppliers. 

 National Provider ID

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


  

Figure 6: Business Activity/Schedule

- **Drug Schedules:** select one or more of the available drug schedules. Some checkboxes will be unavailable depending on the selected business activity.
  - *Note: individual fee exempt MLPs use the state license from the issuing state instead of the applicant's zip code to determine drug schedule eligibility. If no state license is available, it defaults to the state determined by the zip code.*
  - *Note: Schedules available to an MLP will vary based upon state eligibility and selected business activity.*
- **National Provider ID:** the registrant's National Provider Identification number (NPI). This field is required for any Form 224 business activity. *Note that NPIs must be entered in the correct format. Numbers must consist of ten (10) numeric characters and must not begin with a zero (0).*
- **Professional Degree:** select a degree from the drop-down menu. *This applies to Individuals.*
- **Date of Birth:** enter the applicant's (individual's) date of birth. *This applies to Individuals.*
- **Graduation Year:** the year the applicant received a degree from medical school. *This applies to Individuals only.*
- **Medical/Professional School:** the medical school from which the applicant received a degree. *This applies to Individuals only.*

Registrants who require order forms should check the "Check here if you require order forms..." checkbox. Once the renewal is approved, order forms will be sent out.

Once the fields have been completed, click the  button to continue to the next page.


## 2.4 State Licenses

Applicants enter state license and state-issued controlled substance license information on this page. State licenses are required for applicants that fall into one of the following categories:

- Practitioner
- Hospital/Clinic
- Teaching Institution
- MLP.

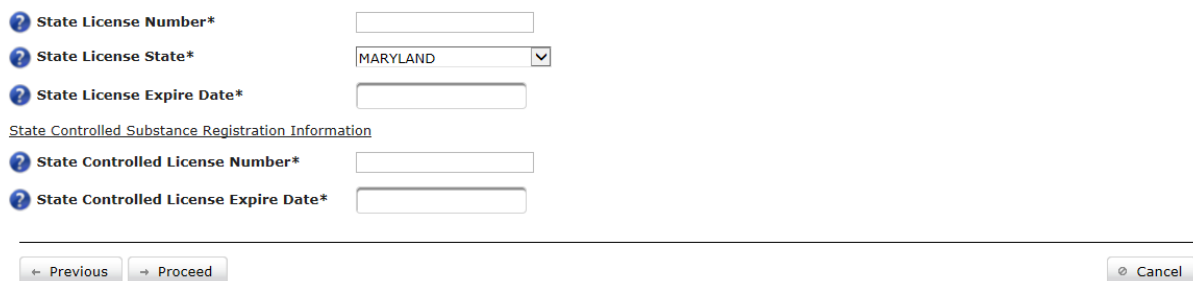
This page will be unavailable for applicants in all other business activities. See **A.0 Business Activity Table** for more information.

*If the previous state license on record has expired, a new one is required before registrants may continue.*

Note that clicking the  button will exit the online application, not just the current page.

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.

Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn **WITHOUT refund**



State License Number\*

State License State\*

State License Expire Date\*

State Controlled Substance Registration Information

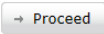
State Controlled License Number\*

State Controlled License Expire Date\*

Figure 7: State Licenses

- **State License Number:** the license assigned to the registrant by the registrant's home state.
  - *This is a required field for Individuals.*
  - The license number must be between 2 and 20 characters.
- **State License State:** select the state from the drop-down menu if either blank or different to the one previously selected. *This is a required field for Individuals.*
- **State License Expire Date:** the date on which the license is no longer valid. Click the field to bring up a calendar from which a new date may be selected. *This is a required field for Individuals.*
- **State Controlled License Number:** the Controlled Substance (CS) license number assigned to the registrant by the state in which said registrant conducts business.
- **State Controlled License Expire Date:** the date in which the CS license is no longer valid. Click the field to bring up a calendar from which a new date may be selected.

*Note: the system will allow you to save your renewal application without filling in the Controlled License fields. However, your state may require a controlled license, in which case you must complete these fields in order to be compliant with state and federal DEA requirements.*

Once the information has been entered, click the  button to continue to the next page.

## 2.5 Background Information

The next two pages collect liability-reporting information.

### 2.5.1 Page 1

Registrants are required to respond to all liability questions.

All applicants are required to answer the following 4 questions:

Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?

No |  Yes

Has the applicant ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied?

No |  Yes

Has the applicant ever surrendered or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?

No |  Yes

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 substances under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation?

No |  Yes

Figure 8: Liability Questions

If there are no liabilities to report, select the **No** radio button for every question.


Every question that can be answered in the affirmative should be marked with **Yes**.

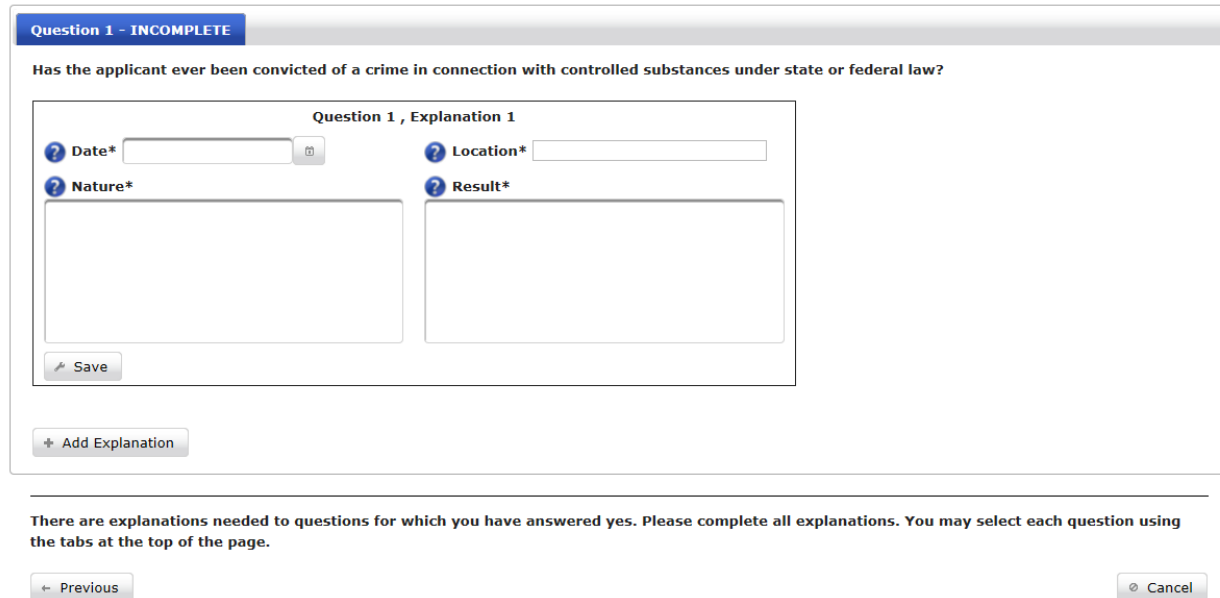
If no liabilities were reported, click the  button to continue and turn to section 2.6. Otherwise, continue to section 2.5.2.

Note that clicking the  button will exit the online application, not just the current page.

## 2.5.2 Page 2

For every question answered in the affirmative, an explanation must be provided to describe the date, location, nature, and result of the incident.


Background Information, Supplement to questions with "Yes" answers 



**Question 1 - INCOMPLETE**

Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?

**Question 1, Explanation 1**

**Date\***  


**Location\***

**Nature\***

**Result\***

There are explanations needed to questions for which you have answered yes. Please complete all explanations. You may select each question using the tabs at the top of the page.

Figure 9: Liability Explanation

- **Date:** the date the incident occurred. Click the calendar icon (  ) to select the correct date from the displayed calendar.
- **Location:** the location in which the incident occurred.
- **Nature:** a detailed description of the incident, including the events leading up to the incident as well as the incident itself.
- **Result:** the result of the incident as it applies to the applicant's standing as a DEA registrant.

After filling out the fields, click the  button to save the incident data.


If more than one incident occurred that fits the current liability question, click the  button.

Once every incident has been detailed and saved, the  button will appear. Click it to continue to the next screen.

Note that clicking the  button will exit the online application, not just the current page.

## 2.6 Select Drug Codes

Manufacturers must specify at least one (1) drug code for every drug schedule requested. Make any necessary changes, if any, to the selected drug codes (see below).

Note that clicking the  button will exit the online application, not just the current page.

Please select all applicable codes for each schedule shown below. All schedules below must have drug codes entered. Schedules not shown do not require drug codes to be entered.

Bulk Manufacturer (Synthesizer/Extractor) applicants MUST also select the "Bulk" selection box next to all controlled substances they plan to "Manufacture in Bulk".

More details regarding drug/chemical schedules can be found in [21 CFR 1308](#).

Schedule 2 -Empty
Schedule 2N -Empty
Schedule L1 -Empty

?
Sort by Code

Available Codes		
Name	Code	Bulk?
14-HYDROXYMORPHINONE	9654	<input type="checkbox"/>
14-HYDROXYMORPHONE	9665	<input type="checkbox"/>
14-HYDROXYNORMORPHINE	9659	<input type="checkbox"/>
6-MONOACETYLMORPHINE	9316	<input type="checkbox"/>
ALPHAPRODINE	9010	<input type="checkbox"/>
ANILERIDINE	9020	<input type="checkbox"/>
CARBOXYMETHYLMORPHINE	9322	<input type="checkbox"/>
COCAINE	9041	<input type="checkbox"/>
COCAINE HCL	9042	<input type="checkbox"/>
CODEINE	9050	<input type="checkbox"/>
CODEINE PHOSPHATE	9080	<input type="checkbox"/>
CODEINONE	9062	<input type="checkbox"/>
DEXTROPROPOXYPHENE, BULK (NON-DOSAGE)FORMS	9273	<input type="checkbox"/>
DIHYDRONORMORPHINONE	9196	<input type="checkbox"/>
DIPHENOXYLATE	9170	<input type="checkbox"/>
DIPHENOXYLATE HCL	9171	<input type="checkbox"/>
DIPRENORPHINE	9058	<input type="checkbox"/>

Add -->

<-- Remove

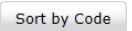

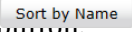

Selected Codes		
Name	Code	Bulk?
No Codes Entered		


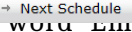
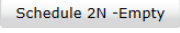
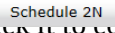
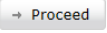
In order to continue, Drug Codes must be entered for each of the Schedules listed above.

← Previous
→ Next Schedule
⊗ Cancel

Figure 10: Select Drug Codes

Complete the following steps:


1. Select one (1) or more drugs in the **Available Codes** column.
  - Drugs that will be manufactured in bulk must be indicated by checking the box in the Bulk? Column.
  - Click the  button to sort the listed substances by drug code. The button will change to .
  - Click the  button to sort the drugs by name.
2. Click the  button.
  - Each selected drug will appear in the **Selected Codes** column.
  - The word "Empty" will be removed from the Schedule buttons.

- Remove mistakenly added drug codes by selecting the drug code and clicking the  button.
3. Click the  button.
    - The word “Empty” will be removed from the schedule buttons when at least one drug code from that schedule has been added. For example, the  button will change to read .
  4. The  button will appear. Click it to continue to the next screen.

## 2.7 Manufacturer Details

Manufacturers must select specific categories, which will be applied to requested drug schedules. For example, manufacturers that request Schedule II must also choose at least one (1) activity (see below) in Schedule II.

*Only the Manufacturers business activity will see this page.*

Note that clicking the  button will exit the online application, not just the current page.

Please Mark Category and Schedules applicable in the boxes below.

See [Category Definitions](#) for more information.

See Also [Drug Code Schedules](#) for more information.

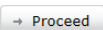
	2	2N	3	4	5	L1
Bulk, Synthesizer - Extractor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dosage Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repacker - Relabeler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Human Consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Figure 11: Manufacturer Details

- **Bulk, Synthesizer - Extractor:** select every drug schedule to be involved in the registrant's bulk synthesis and extraction process.
- **Dosage Form:** select every drug schedule to be involved in the registrant's dosage form manufacture process.
- **Repacker - Relabeler:** select every drug schedule to be involved in the packaging/repacking and labeling/relabeling process.
- **Non-Human Consumption:** select every drug schedule that will be manufactured for non-human consumption.

Make any necessary changes. Click the  button to continue to the next page.




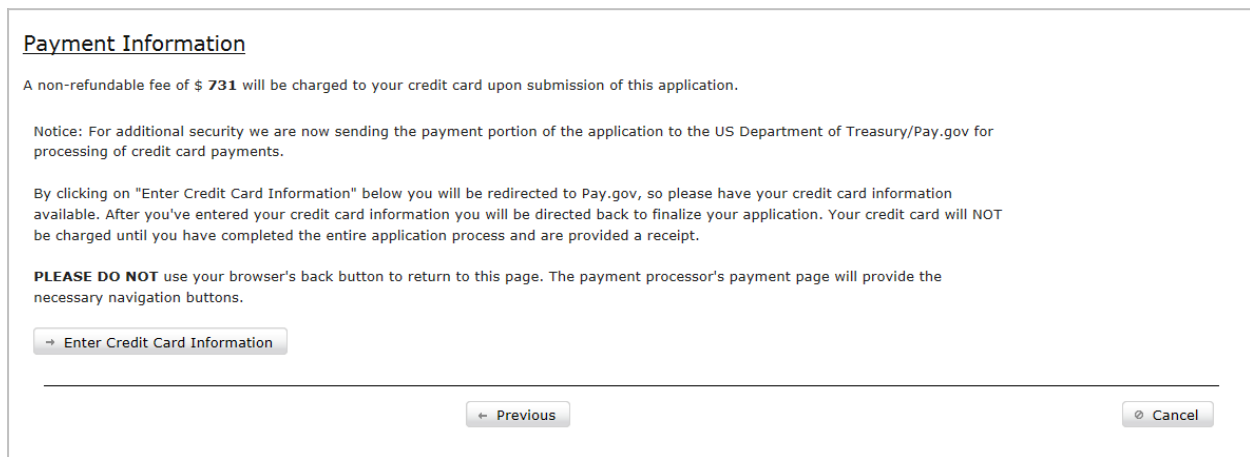
## 2.8 Payment Information

### 2.8.1 Page 1

Unless fee exempt, all applicants must pay a non-refundable registration fee. The cost will vary depending on the selected business activity and will be indicated on the screen.

*Fee exempt registrants will not see this page.*

Note that clicking the  button will exit the online application, not just the current page.



**Payment Information**

A non-refundable fee of \$ 731 will be charged to your credit card upon submission of this application.

Notice: For additional security we are now sending the payment portion of the application to the US Department of Treasury/Pay.gov for processing of credit card payments.

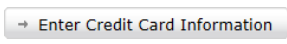
By clicking on "Enter Credit Card Information" below you will be redirected to Pay.gov, so please have your credit card information available. After you've entered your credit card information you will be directed back to finalize your application. Your credit card will NOT be charged until you have completed the entire application process and are provided a receipt.

**PLEASE DO NOT** use your browser's back button to return to this page. The payment processor's payment page will provide the necessary navigation buttons.

[→ Enter Credit Card Information](#)

[← Previous](#) [Cancel](#)

Figure 12: Payment Information

Click the  button. The page will redirect to the pay.gov government payment site (see next page). Pay.gov is not owned or maintained by the Diversion Control Division (DC) or the Information Systems Division, Diversion Technology Section (TQD).

## 2.8.2 Page 2

**DEA Registration**

Please provide the Credit or Debit Card Information below  
\* indicates required fields

Agency Tracking ID:

Payment Amount: \$731.00

\* Country:

\* Billing Address:

Billing Address 2:

\* City:

State/Province:

ZIP/Postal Code:

\* Account Holder Name:

\* Card Number:

\* Expiration Date:

Card Security Code:


[Cancel](#)
[Continue](#)

Figure 13: pay.gov

Enter the following information:


- **Agency Tracking ID:** the Tracking ID is a reference number used by the system.
- **Payment Amount:** the amount charged to the applicant. *The amount is dependent upon the selected Business Activity and cannot be edited.*
- **Country:** the country in which the applicant resides.
- **Billing Address:** the applicant's billing address.
- **Billing Address 2:** the applicant's additional address information (apartment/suite numbers, etc.), if necessary.
- **City:** the city in which the applicant resides.
- **State/Province:** the state or province in which the applicant resides.
- **Zip/Postal Code:** the applicant's postal code.
- **Account Holder Name:** the name as it appears on the credit or debit card.
- **Card Number:** the credit card number used to pay for the application fee.
- **Expiration Date:** the date on which the entered credit card will expire
- **Card Security Code:** the three (3)-digit security code found on the back of the card.

Click the [Continue](#) button.

Click the checkbox to confirm all payment information is accurate. Click the  button.


Pay.gov will return the applicant to the Renewal Application web form.

Click Cancel to return to the web form without submitting payment.

*Note that once the  button is clicked, the entered card will be charged. All application fees are non-refundable.*

## 2.9 Review and Submit Application

Review the completed information, and submit the application (Figure 14, page 23).


Click any  button to make changes to the application, if necessary.

The applicant may choose to answer the following question.

*In the last 3 years, have you received any medical education training concerning the prescribing or dispensing of opioid substances? The DEA understands your response is strictly voluntary and not part of the application process.*


To submit the application, enter the name of one of the following in the **e-Signature** field:

- The applicant, if an individual
- A partner of the applicant, if a partnership
- An officer of the applicant, if a corporation, corporate division, association, trust, or other entity

Click the  button.

*Note that by signing the application, you agree that any information you provide is true and correct. Any information willfully falsified may be subject to legal actions imposed under 21 USC 843(d).*

The certificate will be delivered as a PDF file.

Note that clicking the  button will exit the online application, not just the current page.

**Personal Information** → Edit

**Business Name**

**Additional Company Information**

**Business Address Line 1**

**Business Address Line 2**

**City**

**State**

**Zip**

**Business Phone Number**

**Business Fax Number**

**Business Email Address**

**Contact Name**

(Mailing Address Same as Registered Address)

**Personal Information - Page 2** → Edit

**Tax ID**

**SSN**

**For Fee Exempt Applicants ONLY:**  
 Applicant hereby CERTIFIES that they are a Government employee (not a contractor) of a federal, state, or local government agency, or if an institution, it is OPERATED by a government agency and is exempt from the payment of the application fee. (applicants must not certify themselves):

\* **Name of Fee Exempt Institution**  
 (Must be a Federal, State, or County Agency)

\* **Certifying Official Name**

\* **Certifying Official Title**

\* **Certifying Official Phone** Ext.

By checking the following box, the applicant states that the certifying official listed above has consented to be named on this application for the purpose of certifying the applicant's Fee Exempt status.

**I have read the above, and agree.**

**Business Activity/Schedules** → Edit

Your business activity is: **RETAIL PHARMACY**

**DRUG SCHEDULES**

**Schedule 2 Narcotic**       **Schedule 2 Non Narcotic**

**Schedule 3 Narcotic**       **Schedule 3 Non Narcotic**

**Schedule 4**                       **Schedule 5**

Check here if you require order forms to only **purchase** Schedule I and II from suppliers.

**State Licenses** → Edit

**State License Number**

**State License State** MARYLAND

**State License Expire Date** 8/25/16

**State Controlled License Number**

**State Controlled License Expire Date** 8/31/16

**Background Information** → Edit

Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?

**No**    **Yes**

Has the applicant ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied?

**No**    **Yes**

Has the applicant ever surrendered or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?

**No**    **Yes**

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 substances under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation?

**No**    **Yes**

**Background Answer Explanations** → Edit

**Payment Info** → Edit

Card Data provided to Pay.gov.  
 Payment of \$731 will be charged to your credit card upon submission of this application.

---

In the last 3 years, have you received any medical education training concerning the prescribing or dispensing of opioid substances? The DEA understands your response is strictly voluntary and not part of the application process.

- Blank -

For more information from our federal partner go to:

- [https://www.cdc.gov/drugoverdose/pdf/Guidelines\\_Factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf)
- <https://www.cdc.gov/drugoverdose/training/index.html>

**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.

By typing my full name in the space below, I hereby certify that the foregoing information furnished on this electronic DEA application is true and correct and understand that this constitutes an electronic signature for purposes of this electronic DEA application only.

\* **Name of Applicant** (For individual registrants, the registrant themselves **MUST** complete this E-Signature) or name of **Officer of the Corporation/Company**

\* **e-Signature:**

This electronic DEA application must be certified by the applicant/registrant, 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 other entity.

See [21 C.F.R. § 1301.13\(j\)](#)  
 for more information on who can certify this application

→ Submit Application
↻ Cancel

Figure 14: Review and Submit

## 2.10 Print Certificate and Receipt

**Your 224A Application has been successfully submitted.**

A non-refundable fee of \$731 has been charged to your credit card.  
 Internet Tracking number: 2253825  
 DEA Number: FF6507947

It is recommended that you use your browser's print function to print a copy of this page for your records.  
 Your application will be reviewed and will be processed when the review is complete.

We have a new email subscription service. This service will make it easier for you to receive information of interest to you.  
 If you would like to receive notifications, please click or go to <https://public.govdelivery.com/accounts/USDOJDEADCDC/subscriber/new> to sign up.

It is recommended you print a detailed receipt:

You are eligible to print your certificate now. Click below to continue.  
 NOTE: You must print out your certificate within 60 minutes or else this session will timeout, and you will need to login again in order to print your certificate.

Figure 15: Certificate and Receipt

Once a submission is complete, the transaction receipt and new certificate may be printed. Note that these actions must occur within 60 minutes of reaching the screen above. The receipt and certificate will not be available after 60 minutes.

Click the  button to print the receipt.

Click the  button to print the certificate.

## A.0 Business Activity Table

Business Activity	Fee	Years Valid	Form Number	State License Required ?	Description
Analytical Lab	\$296	1	225	No	A business or facility who analyzes controlled substances through analytical chemistry.
Canine Handler	\$296	1	225	No	Any individual who works with trained police dogs in the detection of illegally possessed controlled substances.
Central Fill Pharmacy	\$888	3	224	Yes	A pharmacy permitted by the state in which it is located to prepare controlled substances orders for dispensing, pursuant to a valid prescription transmitted to it by a registered retail pharmacy and to return the labeled and filled prescriptions to the retail pharmacy for delivery to the ultimate user.
Chemical	\$1,850	1	510	No	A grocery store, general

Business Activity	Fee	Years Valid	Form Number	State License Required ?	Description
Distributor					merchandise store, drug store, or other entity or person whose activities as a distributor relating to drug products containing pseudoephedrine or phenylpropanolamine are limited almost exclusively to sales for personal use, both in number of sales and volume of sales, either directly to walk-in customers or in face-to-face transactions by direct sales.
Chemical Exporter	\$1,850	1	510	No	A regulated person who, as the principal party in interest in the export transaction, has the power and responsibility for determining and controlling the sending of the listed chemical out of the United States.
Chemical Importer	\$1,850	1	510	No	A regulated person who, as the principal party in interest in the import transaction, has the power and responsibility for determining and controlling the bringing in or introduction of the listed chemical into the United States.
Chemical Manufacturer	\$3,699	1	510	No	A business or facility who manufactures a listed chemical, whether under a registration as a manufacturer or under authority of registration as a researcher or chemical analyst.
Chempack/ SNS Distributor	\$1,850	1	225	No	A business or facility authorized to distribute self-centralized units placed in centralized locations with controlled substances (chempacks) from the Strategic National Stockpile (SNS) to enable first responders to quickly administer those lifesaving substances.

Business Activity	Fee	Years Valid	Form Number	State License Required ?	Description
Compounder	\$296	1	363	No	The business activity that engages in maintenance or detoxification treatment who also mixes, prepares, packages or changes the dosage form of a narcotic drug listed in Schedules II, III, IV or V for use in maintenance or detoxification treatment by another narcotic treatment program.
Detoxification	\$296	1	363	No	The business activity that dispenses, either short- or long-term, a narcotic drug in decreasing doses to an individual in order to alleviate adverse physiological or psychological effects incident to withdrawal from the continuous or sustained use of a narcotic drug for the purposes of bringing the individual to a narcotic drug-free state within such period of time.
Distributor	\$1,850	1	225	No	A business or facility who does not administer or dispense controlled substances, but delivers a controlled substance or listed chemical to another entity registered with the DEA.
Emergency Medical Services	\$888	3	224	Yes	An organization that provides EMS only. This includes an organization that is governmental, nongovernmental, private, or volunteer-based; provides emergency medical services by ground, air, or otherwise; and is authorized by the State in which the organization is providing such services to provide emergency medical care, including the administering of controlled substances, to members of the general public on an emergency basis.
Exporter	\$1,850	1	225	No	A regulated person who, as the principal party in interest in the



Business Activity	Fee	Years Valid	Form Number	State License Required ?	Description
					export transaction, has the power and responsibility for determining and controlling the sending of the controlled substance out of the United States.
Hospital/Clinic	\$888	3	224	Yes	A hospital or other person (other than an individual) licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which it practices, to dispense a controlled substance in the course of professional practice, but does not include a pharmacy.
Hospital/Clinic — Military	\$0	3	224	Yes	A military hospital or other person (other than an individual) licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which it practices, to dispense a controlled substance in the course of professional military practice, but does not include a pharmacy.
Importer	\$1,850	1	225	No	A regulated person who, as the principal party in interest in the import transaction, has the power and responsibility for determining and controlling the bringing in or introduction of the controlled substance into the United States.
Importer (C I, II)	\$1,850	1	225	No	Any person who imports, or who acts as an import broker for importation of List I and List II chemicals.
Maintenance	\$296	1	363	No	The business activity that dispenses for a period in excess of twenty-one days a narcotic drug in the treatment

Business Activity	Fee	Years Valid	Form Number	State License Required ?	Description
					of an individual for dependence upon heroin or other morphine-like drug.
Manufacturer	\$3,699	1	225	No	A business or facility who manufactures a drug or other substance, whether under a registration as a manufacturer or under authority of registration as a researcher or chemical analyst.
Manufacturer (Bulk)	\$3,699	1	225	No	A business or facility who manufactures a drug or other substance in bulk quantity, whether under a registration as a manufacturer or under authority of registration as a researcher or chemical analyst.
MLP — Ambulance Service	\$888	3	224	Yes	Any individual that works for a ground ambulance vehicle service with the provision of medically necessary supplies and services including an Advanced Life Support (ALS) assessment or at least one ALS intervention.
MLP — Animal Shelter	\$888	3	224	Yes	Any individual that uses controlled substances in the licensed care of animals within a private or state-run facility intended for the care of lost, abandoned, or surrendered animals.
MLP — Assistant Physician	\$888	3	224	Yes	Any individual licensed as a PA. PAs in Kentucky, Puerto Rico, and US Virgin Islands may not prescribe controlled substances.
MLP — Certified Chiropractor	\$888	3	224	Yes	Any individual certified and licensed to diagnose and treat mechanical disorders of the musculoskeletal system, and prescribe drugs related to such treatment.
MLP — Doctor of Oriental	\$888	3	224	Yes	Any practitioner of non-traditional medicine of predominantly Eastern

Business Activity	Fee	Years Valid	Form Number	State License Required ?	Description
Medicine					origin. This does not include general practitioners or any other business activity that specializes in traditional Western medicine.
MLP — DOD Contractor	\$0	3	224	Yes	An individual practitioner, other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States and contracted with the DOD to dispense a controlled substance in the course of professional practice. All business activities are authorized only to dispense controlled substances by the State in which they practice.
MLP — Euthanasia Technician	\$888	3	224	Yes	Any individual that employs pharmacological methods, including the injection of drugs and gases, in the euthanization of an animal.
MLP — Homeopathic Technician	\$888	3	224	Yes	Any individual who prescribe controlled substances and listed chemicals in the practice of homeopathic medicine.
MLP — Medical Psychologist	\$888	3	224	Yes	Any individual applying the application of psychological principles to the practice of medicine if both physical and mental disorders.
MLP — Military	\$0	3	224	Yes	An individual practitioner, other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States Military to dispense a controlled substance in the course of professional practice.
MLP — Naturopathic Physician	\$888	3	224	Yes	Any individual who prescribes controlled substances in the course of alternative, or naturopathic, medicine.

Business Activity	Fee	Years Valid	Form Number	State License Required ?	Description
MLP — Nurse Practitioner	\$888	3	224	Yes	Any Advanced Practice Registered Nurse (APRN) educated with the knowledge base and decision-making skills to treat medical conditions without the supervision of a doctor.
MLP — Nursing Home	\$888	3	224	Yes	Any private care facility providing residential accommodations with health care, especially for elderly people.
MLP — Optometrist	\$888	3	224	Yes	Any medically trained individual licensed to deliver primary, secondary, and tertiary eye care.
MLP — Physician Assistant	\$888	3	224	Yes	Any nationally certified and state-licensed medical professional able to prescribe medication.
MLP — Registered Pharmacist	\$888	3	224	Yes	Any individual with a license to practice the preparation, composition, and dispensation of drugs pursuant to a valid prescription.
Pharmacy — Military	\$0	3	224	Yes	An entity permitted to prepare controlled substance orders for dispensing, pursuant to a valid prescription for the United States Military and its personnel.
Practitioner	\$888	3	224	Yes	A physician, dentist, veterinarian, or other individual licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which he/she practices, to dispense a controlled substance in the course of professional practice, but does not include a pharmacist, a pharmacy, or an institutional practitioner.

Business Activity	Fee	Years Valid	Form Number	State License Required ?	Description
Practitioner — DOD Contractor	\$0	3	224	Yes	A physician, dentist, veterinarian, or other individual licensed, registered, or otherwise permitted, by the United States and contracted with the Department of Defense (DOD) to dispense a controlled substance in the course of professional practice, but does not include a pharmacist, a pharmacy, or an institutional practitioner.
Practitioner — Military	\$0	3	224	Yes	A military physician, dentist, veterinarian, or other individual licensed, registered, or otherwise permitted, by the United States Military to dispense a controlled substance in the course of professional practice, but does not include a pharmacist, a pharmacy, or an institutional practitioner.
Researcher (I)	\$296	1	225	No	Any individual who conducts diligent and systematic inquiry or investigation into controlled substances listed in schedule I.
Researcher (II-IV)	\$296	1	225	No	Any individual who conducts diligent and systematic inquiry or investigation into controlled substances listed in schedules II-V.
Retail Pharmacy	\$888	3	224	Yes	An entity permitted by the state in which it is located to prepare controlled substance orders for dispensing, pursuant to a valid prescription.
Reverse Distributor	\$1,850	1	225	No	A person registered with the Administration to acquire controlled substances from another registrant or law enforcement for the purpose of return to the registered manufacturer or another registrant authorized by the manufacturer to accept returns on the manufacturer's behalf; or destruction.

Business Activity	Fee	Years Valid	Form Number	State License Required ?	Description
Teaching Institution	\$888	3	224	Yes	A physical location where medicine is taught under the authority of a State accredited college or university.

## B.0 Acronyms

Acronym	Description
ALS	Advanced Life Support
APRN	Advanced Practice Registered Nurse
CS	Controlled Substance
CSA	Controlled Substances Act
DEA	Drug Enforcement Administration
DOD	Department of Defence
EMS	Emergency Medical Services
MLP	Mid-Level Practitioner
NPI	National Provider Identification
PA	Physician Assistant
PDF	Portable Document Format
SNS	Strategic National Stockpile
SSN	Social Security Number