

Instructions for completing DEA Form 251 CSOS DEA Registrant Certificate Application Instructions

Introduction:

Form DEA-251 is for DEA Registrants requesting a CSOS digital certificate for electronic ordering of controlled substances. A DEA Registrant is the *individual* who signed the most recent application for DEA Registration or the individual *authorized* to sign the most recent application for DEA Registration. Only DEA Registrants may submit a CSOS DEA Registrant Certificate Application. All other individuals requesting the ability to sign electronic orders for controlled substances must enroll in the CSOS program as either a Coordinator (Form DEA-252) or Power of Attorney (Form DEA-253).

Completing the application:

The information must be **TYPED electronically into the PDF form on-line** with the exception of signatures, affirmations and the notary acknowledgement sections, which must be completed in blue or black ink. **All fields must be completed.**

The Registrant applicant must name him/herself as Coordinator or delegate the role to another Principal Coordinator applicant or existing subscriber.

The applicant should review the CSOS DEA Registrant Certificate Application Checklist to ensure all required documents are included with his/her application prior to mailing the application package to the CSOS Registration Authority.

Mail the completed applications and their attachments to one of the following:

Drug Enforcement Administration
Sterling Park Technology Center / CSOS
8701 Morrissette Drive
Springfield, VA 22152

Please contact DEA Diversion E-Commerce Support for enrollment assistance.
Phone: 1-877-DEA-ECOM (1-877-332-3266)
E-mail: CSOSsupport@deaecom.gov

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What the applicant will receive:

DEA Registrant applicants will receive one CSOS Signing Certificate for each DEA Registration number enrolled. In addition to receiving a CSOS Signing Certificate for each DEA Registration number identified, each Registrant applicant will be issued one CSOS Administrative Certificate if serving the role of Coordinator.

The applicant will receive a pair of activation notices for each certificate issued.

- An E-mail activation notice will be sent for each certificate, which will contain an Access Code unique to that certificate
- A postal mailed activation notice will be sent for each certificate, which will contain an Access Code Password unique to that certificate as well as information for logging in to DEA's secure certificate retrieval Web site

The codes must be entered on the DEA E-Commerce Web site in order to retrieve the digital certificate.

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Section 1 – Applicant Information (All fields required)

Field Name	Information Description
Applicant Last Name	Enter the last name of the Registrant applicant.
Applicant First Name	Enter the first name of the Registrant applicant.
MI	Enter the middle initial of the applicant. Enter 'X' if the applicant does not have a middle initial.
Applicant Social Security Number	Enter the Social Security Number of the applicant. This information will be kept private and used for internal purposes as stated in the Privacy Policy.
Applicant Bus. Phone	Enter the business phone number for the applicant. This phone number will be kept private and will be used only when necessary for correspondence concerning your CSOS application or CSOS Certificate(s).
Applicant E-mail Address	Enter the <i>individual</i> E-mail address for the applicant, which must not be the same E-mail address as any other applicant. This E-mail address will be kept private and will be used for correspondence concerning your CSOS application or CSOS Certificate(s).
DEA Registration No.	Enter the DEA Registration Number for which the applicant is requesting electronic ordering ability and, if indicated, Principal Coordinator status. The number entered on the application MUST appear as it does on the associated DEA Registration Certificate. Inconsistency between the application and the registration certificate will result in approval delays or denial.
DEA Registrant Name	Enter the name of the DEA Registered <i>location</i> as it appears on the DEA Registration Certificate (Form 223). Inconsistency between the application and Registration Certificate will result in approval delays or denial.
Security Code	Enter a security code for the applicant. This information will be kept private and used for authentication purposes. Use letters only. Do not include any numbers.
No. of Addendums	Enter the number of CSOS Certificate Application Registrant List Addendums (Form DEA-254) submitted. Enter '0' if no addendum forms are attached. DEA Registrant List Addendums allow applicants to enroll for Certificates for additional DEA Registration numbers.
Applicant Business Address	Enter the business address of the CSOS Coordinator applicant. This address may be used for correspondence concerning CSOS Certificate applications, renewals, and revocations.
CSOS Coordinator Last Name	Enter the last name of the individual who will fulfill the role of Principal Coordinator for the DEA Registration number(s) identified. Enter the last name of the Registrant applicant if he/she is to fulfill the role of Principal Coordinator.
CSOS Coordinator First Name	Enter the first name of the individual who will fulfill the role of Principal Coordinator for the DEA Registration number(s) identified. Enter the first name of the Registrant applicant if he/she is to fulfill the role of Principal Coordinator.

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Section 2 – Applicant Signature (individual whose name appears in Section 1)

Applications that have not been signed will be denied and returned immediately.

Field Name	Information Description
Applicant Signature, Date	The Registrant applicant must sign and date the application using blue or black ink <i>in the presence of a certified notary public</i> . The party signing this application must be the same party listed in Section 1 – Applicant Information (First Name/Last Name/MI).

Section 3 – Notary Acknowledgement

Field Name	Information Description
Notary Acknowledgement	A CERTIFIED NOTARY PUBLIC must complete the Acknowledgement section using blue or black ink. All fields in this section, including the notary seal/stamp, must be completed. The Registrant applicant must sign the application in the presences of the CERTIFIED NOTARY PUBLIC. It is the responsibility of the applicant to ensure that all information is completed.

Warning: When the applicant signs the application, he/she is stating that he/she has read, understood, and agreed to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement and Certificate Policy. He/she is certifying that the information, statements and representations provided by him/her on the application are true and accurate to the best of his/her knowledge. He/She understands that presenting false information is a criminal offense and is punishable by law. 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 \$30,000.00 or both.

In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for the collection of this information is 1117-0038. Public reporting burden for this collection of information is estimated to average 1.5 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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This application must be completed by the individual who signed the most recent application for DEA Registration (DEA Registrant) or the individual authorized to sign the most recent DEA Registration application. Read instructions before completing. **ALL FIELDS ARE REQUIRED.**

Section 1 – Applicant Information

Applicant Last Name

Applicant First Name

MI

Applicant SSN Number

Applicant Bus. Phone

Applicant E-Mail Address

DEA Registration No.

DEA Registrant Name

Security Code (e.g. Mother's Maiden Name) *Letters only. Remember this code to ensure proper identification when you call the Support Desk.* No. of Addendums

Applicant Business Address

City

State

Zip

CSOS Coordinator Last Name (Required - enter either CSOS DEA Registrant applicant or form DEA-252 must be submitted by individual named below)

CSOS Coordinator First Name (Required - enter either CSOS DEA Registrant applicant or form DEA-252 must be submitted by individual named below)

Section 2 – Applicant Signature

By signing this document, I am stating that I have read, understand and agree to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement and CSOS DEA Registrant Agreement. I am also certifying that the information, statements, and representations provided by me on this form are true and accurate to the best of my knowledge. I understand presenting false information is a criminal offense and is punishable by law.

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 \$30,000.00 or both.

Applicant Signature _____ **Date** _____

Note: This application will be denied and returned if not signed and dated by the DEA Registrant Applicant listed in Section 1.

Section 3 — Notary Acknowledgement

Instructions to Notary: 1. Modify this form where necessary to assure compliance with the laws of your jurisdiction. Use the back of the form if necessary. 2. Notary must fully complete the Acknowledgement below 3. Sign and seal/stamp the Application form. 4. Identification #1 must be a government-issued, widely recognized form of photo ID, such as Driver's License or Passport. ID #2 does not require a photo, but must be a different form of ID. Examples: Valid government issued ID, employee ID card, utility or tax bill, major insurance card, or state pharmacist ID.

State or Commonwealth of _____ County of _____ Country _____

On _____ before me, _____ personally appeared

_____ (Applicant) proved to me on the basis of the presentation of two forms of identification listed below to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same, and that by his/her signature on the instrument the person executed the instrument in my presence.

ID #1 (with photograph) Type: _____ Identifying Number: _____ Expiration Date: _____

ID #2 Type: _____ Identifying Number: _____ Expiration Date: _____

Witness my hand and official seal.

Notary's Signature: _____

Notary Stamp/Seal

Notary's Name (Print or Type): _____

Notary's Address: _____

Notary's Phone: _____ My Commission Expires: _____

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Use the following checklist to ensure that your enrollment package is complete. Incomplete applications will be returned if the requested missing items are not supplied within 90 days.

- All DEA Registration numbers listed are valid for ordering Schedule I and/or II substances.
- The Registrant applicant has read, understood, and agreed to the CSOS DEA Registrant Agreement, the CSOS Subscriber Agreement, and the CSOS Privacy Policy.

The Registrant applicant must mail all of the following documents to the CSOS Registration Authority

- Form DEA-251** – the original, completed, signed, and notarized CSOS DEA Registrant Certificate Application
 - All fields have been completed – there are *no optional fields*
 - The Registrant applicant’s E-mail address is a personal account, not shared with any other individual applicant
 - The Registrant applicant has indicated that he/she will fulfill the role of CSOS Coordinator, or has delegated the role to another individual
 - The application has been signed in the presence of a notary
 - The application has been notarized
- Form DEA-223** – a clearly readable photocopy of the DEA Registration certificate for each DEA Registration number identified on the CSOS DEA Registration Certificate Application and Registrant List Addendum
- Registrant Applicant Identifications** – photocopies of two clearly readable forms of ID. One form of ID must be a Government-issued photo ID such as a driver’s license or passport; the second form of ID does not require a photo and can be anything *except for a credit card*.
- Addendums (Form DEA-254)** – only required if the Registrant applicant is to be Registrant for *more than one location*. Each *additional location* must be indicated on the CSOS Certificate Registrant List Addendum (Form DEA-254). One CSOS Signing Certificate will be issued to the Registrant for each DEA registration number. Please contact DEA E-Commerce Support if enrolling for more than 50 DEA Registrations.

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