



SCHEDULE CHANGE REQUEST

INSTRUCTIONS

Requests for a schedule change on a current Drug Enforcement Administration (DEA) registration can be made on this form. Complete the form below in its entirety. Once completed, **sign** the form, make a copy for your records, and **mail or fax** the form to your **local** Diversion Office. Visit the Offices & Directories Section on the website to find your local Diversion Office. Failure to include the required information may result in a delay in the change requested.

Please be sure to complete all the schedules that you wish to have on your registration.

DEA Registration Number: _____

Registered Name & Address: _____

Tax Identification Number: _____

Social Security Number: _____

Contact (Individual's Name): _____

Telephone Number: _____

For Practitioners, Mid-Level Practitioners, Retail Pharmacies, Hospital/Clinics, Teaching Institutions only:

I wish to be registered in the following schedules (check all that apply):

<input type="checkbox"/>	Schedule II Narcotic	<input type="checkbox"/>	Schedule III Non Narcotic
<input type="checkbox"/>	Schedule II Non Narcotic	<input type="checkbox"/>	Schedule IV
<input type="checkbox"/>	Schedule III	<input type="checkbox"/>	Schedule V

For Manufacturers, Distributors, Researchers, Analytical Labs, Importers, Exporters only:

I wish to be registered in the following schedules (check all that apply):

<input type="checkbox"/>	Schedule I	<input type="checkbox"/>	Schedule III Non Narcotic
<input type="checkbox"/>	Schedule II	<input type="checkbox"/>	Schedule IV
<input type="checkbox"/>	Schedule III Narcotic	<input type="checkbox"/>	Schedule V

For Narcotic Treatment Programs only:

I wish to be registered in the following schedules (check all that apply):

<input type="checkbox"/>	Schedule II	<input type="checkbox"/>	Schedule IV
<input type="checkbox"/>	Schedule III	<input type="checkbox"/>	Schedule V

Signature: _____

Date: _____

(A signature **IS REQUIRED** to process this form.)