READ INSTRUCTIONS BEFORE COMPLETING
USE BLACK INK

APPLICATION FOR REGISTRATION
UNDER CONTROLLED SUBSTANCES ACT OF 1970

APPROVED OMB NO. 1117-0012

FORM DEA-225 (11-00)
Previous editions are obsolete

NAME: APPLICANT OR BUSINESS(LAST)

(First, MI)

No registration will be issued unless a completed application form has been received (21 CFR 1301.13).

TAX IDENTIFYING NUMBER and/or SOCIAL SECURITY NUMBER

The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number to DEA. This number is required for debt collection procedures should your fee become uncollectable.

PROPOSED BUSINESS ADDRESS *(When using a P.O. Box you must also provide a street address)*

CITY

STATE

ZIP CODE

APPLICANT'S BUSINESS PHONE NUMBER

APPLICANT'S FAX NUMBER

FOR DEA USE ONLY

1. BUSINESS ACTIVITY: (Fill-in Circle)
E. MANUFACTURER F. DISTRIBUTOR G. RESEARCHER
H. ANALYTICAL LAB J. IMPORTER K. EXPORTER

2. DRUG SCHEDULES: *(Fill-in all circles that apply)*
SCHEDULE I
SCHEDULE II
SCHEDULE III NARCOTIC
SCHEDULE III NON NARCOTIC
SCHEDULE IV
SCHEDULE V

3. INDICATE HERE IF YOU REQUIRE ORDERFORM BOOKS

4. SUPPLY ANY OTHER DEA REGISTRATION NUMBERS FOR ANY CLASS OF BUSINESS AT THE ADDRESS SHOWN ON THIS APPLICATION

5. MANUFACTURERS ONLY
Mark category and Schedules applicable in the circles to the right (Definitions on reverse of instruction sheet)

MANUFACTURES CATEGORIES	SCHEDULES I	II	III	IIINon	IV	V
A Bulk, Synthesizer - Extractor						
B Dosage Form						
C Repacker - Relabeler						
D Non-Human Consumption						

6. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

(a) Are you 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?

YES - State License No. PENDING N/A

YES - State Controlled Substance No. PENDING N/A

ATTENTION **Researcher, LAB $130; Dist., Importer, Exporter $813; Manuf $1,625: For 1 YR**

Continue on Reverse►

6. CONTINUED

(b) Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law? ○ **YES** ○ **NO**

(c) Has the applicant ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied? ○ **YES** ○ **NO**

(d) Has the applicant ever surrendered or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending? ○ **YES** ○ **NO**

(e) 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 registrationrevoked, suspended, denied, restricted, or placed on probation? ○ **YES** ○ **NO** ○ **N/A**

7. EXPLANATION FOR ANSWERING "YES" TO ITEM(S) 6(b), (c), (d), OR (e). Applicants who have answered "yes" to item(s) 6(b), (c), (d), or (e) are required to submit a statement explaining such response(s). The space provided below should be used for this purpose. If additional space is needed, use a separate sheet and return with application.

8. DRUG CODE NUMBERS must coincide with the schedules requested. Listed below are the Drug Code requirements for each business activity:

Analytical Lab - Not required to list drug codes
Distributor - Schedule I
Importer - Schedule I thru V
Exporter - Schedule I thru V
Researcher - Schedule I an II (See Item I, Researcher on Instruction Sheet)
Manufacturer - Schedule I, II, III, IIIN in addition to codes furnished, bulk manufacturer (synthesizer/extractor) applicants MUST Circle Below those "Basic Classes" of controlled substances in Schedule I and II which you propose to "Manufacture in Bulk" ***If additional space is required, use a separate sheet and return with application.**

9. PAYMENT METHOD (Fill-in only one circle)

○ VISA ○ MASTER CARD ○ CHECK

CREDIT CARD DATE

EXPIRATION DATE —

FEES ARE NOT REFUNDABLE

SIGNATURE OF CARD HOLDER

10. CERTIFICATION FOR FEE EXEMPTION (Fill-in Circle)

○ FILL-IN CIRCLE IF APPLICANT NAMED HEREON IS A FEDERAL, STATE, OR LOCAL GOVERNMENT OPERATED HOSPITAL, INSTITUTION, OR OFFICIAL. The undersigned hereby certifies that the applicant named hereon is a federal, state, or local government operated analytical lab or researcher, and is exempt from payment of the application fee.

SIGNATURE OF CERTIFYING OFFICIAL **(Other than applicant)**	DATE
PRINT OR TYPE NAME OF CERTIFYING OFFICIAL	PRINT OR TYPE TITLE OF CERTIFYING OFFICIAL

11. APPLICANT SIGNATURE ***(must be an original signature in ink)*** ► **Remove form from package before signing**

SIGNATURE	DATE

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

Print or Type Name

Print or Type Title (e.g., President, Dean, Procurement Officer, etc...)

MAKE A COPY FOR YOUR RECORDS.

RETURN COMPLETED APPLICATION WITH FEE IN ATTACHED ENVELOPE

MAKE CHECK PAYABLE TO:

DRUG ENFORCEMENT ADMINISTRATION

UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
CENTRAL STATION
P.O. BOX 28083
WASHINGTON, D.C. 20038-8083

For information, call 1 (800) 882-9539
See "Privacy Act" Information on last page of application.

Save **Print** **Reset**