Form-225
APPLICATION FOR REGISTRATION
Under the Controlled Substances Act

INSTRUCTIONS

Save time - apply on-line at www.deadiversion.usdoj.gov

1. To apply by mail complete this application. Keep a copy for your records.
2. Mail this form to the address provided in Section 7 or use enclosed envelope.
3. The "MAIL-TO ADDRESS" can be different than your "PLACE OF BUSINESS" address.
4. If you have any questions call 800-862-9539 prior to submitting your application.

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ON-LINE.

MAIL-TO ADDRESS
Please print mailing address changes to the right of the address in this box.

DEA OFFICIAL USE:

FEE FOR ONE (1) YEAR - see Section 2
FEE IS NON-REFUNDABLE

DEPT COLLECTION INFORMTION
Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number (if registration is for business): Provide TIN or SSN.
Social Security Number (if registration is for individual):

SECTION 1
APPLICANT IDENTIFICATION

Individual Registration  Business Registration

Name 1 (Last Name of individual -OR- Business or Facility Name)

Name 2 (First Name and Middle Name of individual - OR- Continuation of business name)

PLACE OF BUSINESS Street Address Line 1

PLACE OF BUSINESS Address Line 2

City State Zip Code

Business Phone Number Point of Contact

Cell Phone Number Email Address

DEBT COLLECTION INFORMATION

Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number (if registration is for business):

Social Security Number (if registration is for individual):

SECTION 2
BUSINESS ACTIVITY

Check one

Analytical Lab....................fee for one year is $296

Researcher w/Sched I............fee for one year is $296

Researcher w/Sched II - V......fee for one year is $296

Canine Handler....................fee for one year is $296

Distributor.......................fee for one year is $1850

Exporter.........................fee for one year is $1850

Importer.........................fee for one year is $1850

Reverse Distributor.............fee for one year is $1850

Manufacturer....................fee for one year is $3699

Manufacturer BULK.............fee for one year is $3699

SECTION 3
A. DRUG SCHEDULES

List 1 (L1) manufacturers & importers ONLY
Schedule 2 Narcotic
Schedule 3 Non-Narcotic
Schedule 4

Check all that apply

Check this box if you require official order forms - for purchase of schedule 2 controlled substances.

SECTION 3
B. MANUFACTURERS ONLY

Mark each box with an 'X' to indicate which drug schedule is handled in each manufacturing stage

STAGE 1 Bulk synthesis/extraction

STAGE 2 Dosage form manufacture

STAGE 3 Package / Repackage Label / Relabel

STAGE 4 Non-human consumption
C. Listed below are examples of schedules 1-5 and List 1 codes. Check all drug and chemical codes you handle as required.

SCHEDULE For more information, see our web site at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov), 21 CFR 1308, or call 1-800-882-9539

CODES

<table>
<thead>
<tr>
<th>CODE</th>
<th>BULK?</th>
<th>SCHEDULE 1 NARCOTIC &amp; NON-NARCOTIC CODE</th>
<th>BULK?</th>
<th>SCHEDULE 2 NARCOTIC &amp; NON-NARCOTIC CODE</th>
<th>BULK?</th>
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<tr>
<td>7400</td>
<td></td>
<td>3,4-Methylenedioxymethamphetamine (MDA)</td>
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<td>Amobarbital (Amytal, Tuinal)</td>
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<td>7405</td>
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<td>3,4-Methylenedioxymethamphetamine (MDMA)</td>
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<td>Amphetamine (Dexedrine, Adderall)</td>
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<td>7395</td>
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<td>4-Methyl-2,5-Dimethoxyamphetamine (DOM, STP)</td>
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<td>Cocaine (Methyl benzoylgonine)</td>
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<td>1590</td>
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<td>4-Methylaminorex-cis isomer (U4Euh, McN-422)</td>
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<td>Codeine (Morphine methyl ester)</td>
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<td>9603</td>
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<td>7433</td>
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<td>Bufotenine (Mappine)</td>
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<td>Marihuana</td>
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<td>Fentanyl (Duragesic)</td>
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<td>Diethyltryptamine (DET)</td>
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<td>Hydrcodone (Dihydrocodeinone)</td>
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<td>9167</td>
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<td>Difenoxin 1MG/25UG AtSO4 /DU (Motofen)</td>
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<td>Hydromorphone (Dilauidid)</td>
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<td>Etorphine (except HCL)</td>
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<td>Levorphanol (Levo-Dromoran)</td>
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<tr>
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<td>Gamma Hydroxybutyric Acid (GHB)</td>
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<td>Meperidine (Demerol, Mepergan)</td>
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<tr>
<td>9200</td>
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<td>Heroin (Diamorphine)</td>
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<td>Methadone (Dolophine, Methadose)</td>
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<td>Ibovine</td>
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<td>Methamphetame (Desoxyn)</td>
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<td>Lysergic Acid Diethylamide (LSD)</td>
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<td>Mescaline</td>
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<td>Morphine (MS Contin, Roxanol)</td>
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<td>Marihuana Extract</td>
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<td>Opium, powdered</td>
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<td>Methaqualone (Quaalude)</td>
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<td>Peyote</td>
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<td>Pentobarbital (Nembutal)</td>
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<td>Psilocbin</td>
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<td>Phencyclidine</td>
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<td>7370</td>
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<td>Tetrahydrocannabinols (THC)</td>
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<td>Secobarbital (Seconal, Tuinal)</td>
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<table>
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<td>4000</td>
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<td>Anabolic Steroids</td>
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<td>Alprazolam (Xanax)</td>
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<td>Barbituric acid derivative</td>
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<td>Barbital (Veronal, Plexonal)</td>
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<td>Benzphetamine (Didrex, Inapetyl)</td>
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<td>Chloral Hydrate (Noctec)</td>
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<td>9064</td>
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<td>Buprenorphine (Buprenex, Temgesic)</td>
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<td>Chloridazepamoxide (Librium)</td>
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<td>Butabarbital</td>
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<td>Butalbital</td>
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<td>Clorazepate (Tranxene)</td>
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<td>Codeine combo product (Empirin)</td>
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<td>Diazepam (Valium)</td>
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<td>Flurazepam (Dalmame)</td>
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<td>Dronabinol</td>
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<td>Lorazepam (Ativan)</td>
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<td>Ketamine (Ketaset, Ketalar)</td>
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<td>Midazolam (Versed)</td>
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<td>9400</td>
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<td>Nalorphine (Nalline)</td>
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<td>Phenoobarbital (Luminal)</td>
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<td>Opium combo product (Paregoric)</td>
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<td>Phentermine (Fastin, Zantryl)</td>
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<td>2270</td>
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<td>Pentobarbital suppository dosage (FP3)</td>
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<td>Temazepam (Restoril)</td>
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<td>1615</td>
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<td>Phendimetrazine (Plegine, Bontril)</td>
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<td>Zolpidem (Ambien, Stilnox)</td>
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<td>2100</td>
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<td>Thiopental</td>
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**LIST 1** REGULATED CHEMICALS

<table>
<thead>
<tr>
<th>CODE</th>
<th>BULK?</th>
<th>SCHEDULE 5 NARCOTIC &amp; NON-NARCOTIC CODE</th>
<th>BULK?</th>
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<tr>
<td>8113</td>
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<td>Ephedrine</td>
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<td>9050</td>
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<td>Codeine preparations (Robitussin A-C, Pediacof)</td>
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<tr>
<td>1485</td>
<td></td>
<td>Pyrovalerone (Centroton, Thymergix)</td>
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</table>

WRITE IN ADDITIONAL CODES You may write in additional codes in this section. Attach a separate sheet if needed.
SECTION 4
STATE LICENSE(S)

Be sure to include both state license numbers if applicable

State License Number (REQUIRED)

Expiration Date (REQUIRED) / / MM - DD - YYYY

What state issued this license?

State Controlled Substance License Number (if required)

Expiration Date (if required) / / MM - DD - YYYY

What state issued this license?

SECTION 5
LIABILITY

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

2. 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:

3. 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:

4. 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:

EXPLANATION OF "YES" ANSWERS

Applicants who have answered "YES" to any of the four questions above must provide a statement to explain each "YES" answer.

Use this space or attach a separate sheet and return with application.

SECTION 6 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.

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 7 METHOD OF PAYMENT

☐ Check Make check payable to: Drug Enforcement Administration

See page 4 of instructions for important information.

Mail this form with payment to:

DEA Headquarters

ATTN: Registration Section/ODR

P.O. Box 2639

Springfield, VA 22152-2639

FEE IS NON-REFUNDABLE

American Express Discover Master Card Visa

Credit Card Number Expiration Date

Sign if paying by credit card

Signature of Card Holder

Printed Name of Card Holder

SECTION 8
APPLICANT’S SIGNATURE

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

Signature of applicant (sign in ink)

Date

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.
ATTACHMENTS:

- Researcher or canine handler 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 Convet 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

CONTACT INFORMATION
All offices are listed on web site (800, 877, and 888 are toll-free)

INTERNET: www.deadversion.usdoj.gov

TELEPHONE: HQ Call Center (800)882-9539

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