

APPLICATION FOR REGISTRATION
Under the Narcotic Addict Treatment Act of 1974

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 800-882-9539 prior to submitting your application.

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

DEA OFFICIAL USE :

Grid for DEA Official Use

Do you have other DEA registration numbers?

NO YES checkboxes

MAIL-TO ADDRESS

Please print mailing address changes to the right of the address in this box.

FEE FOR ONE (1) YEAR IS \$244

FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

Name 1 (Business or Facility Name)

Name 1 input field

Name 2 (Continuation of business name)

Name 2 input field

PLACE OF BUSINESS Street Address Line 1

Street Address Line 1 input field

PLACE OF BUSINESS Address Line 2

Address Line 2 input field

City

City input field

State

State input field

Zip Code

Zip Code input field

Business Phone Number

Business Phone Number input field

Point of Contact

Point of Contact input field

Business Fax Number

Business Fax Number input field

Email Address

Email Address input field

DEBT COLLECTION INFORMATION

Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number

Tax Identification Number input field

See additional information note #3 on page 4.

SECTION 2 BUSINESS ACTIVITY

Check one business activity box only

- NTP - Maintenance
NTP - Compounder / Maintenance
NTP - Detoxification
NTP - Compounder / Detoxification
NTP - Maintenance and Detoxification
NTP - Compounder / Maintenance and Detoxification

SECTION 3 DRUG SCHEDULES

Check all that apply

- Schedule 2 Narcotic (9250 Methadone)
Schedule 3 Narcotic (9064 Buprenorphine)

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

**SECTION 4**

**STATE LICENSE**

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.

State License Number

[Grid for State License Number]

What state issued this license ? \_\_\_\_\_

Expiration Date

MM - DD - YYYY

**SECTION 5**

**LIABILITY**

**IMPORTANT**

All questions in this section must be answered.

1. Has the applicant ever been **convicted of a crime** in connection with controlled substance(s) under state or federal law, or is any such action pending?

YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

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: [Grid]

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: [Grid]

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: [Grid]

Note: If question 4 does not apply to you, be sure to mark 'NO'. It will slow down processing of your application if you leave it blank.

**EXPLANATION OF "YES" ANSWERS**

Liability question # \_\_\_\_\_ Location(s) of incident: \_\_\_\_\_

Nature of incident:

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

Disposition of incident:

**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.**

[Grid for Business or Facility Name]

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 one form of payment only

Check Make check payable to: **Drug Enforcement Administration**  
See page 4 of instructions for important information.

American Express  Discover  Master Card  Visa

Credit Card Number

[Grid for Credit Card Number]

Expiration Date

[Grid for Expiration Date]

Mail this form with payment to:

DEA Headquarters  
ATTN: Registration Section/ODR  
P.O. Box 2639  
Springfield, VA 22152-2639

**FEE IS NON-REFUNDABLE**

Sign if paying by credit card

Signature of Card Holder

Printed Name of Card Holder

**SECTION 8**

**APPLICANT'S SIGNATURE**

Sign in ink

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.**

**SECTION 1. APPLICANT IDENTIFICATION** - Information must be typed or printed in the blocks provided to help reduce data entry errors. A physical address is required in address line 1; a post office box or continuation of address may be entered in address line 2. Fee exempt applicant must list the address of the fee exempt institution. Applicant must enter a valid tax identification number (TIN).

*Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.*

**SECTION 2. BUSINESS ACTIVITY** - Indicate only one.

**SECTION 3. DRUG SCHEDULES** - Applicant should check all drug schedules to be handled. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions. Check the order form box only if you intend to purchase or to transfer schedule 2 controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.

**SECTION 4. STATE LICENSE** - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws. Applicant should contact the local state licensing authority prior to completing this application.

**SECTION 5. LIABILITY** - Applicant must answer all four questions for the application to be accepted for processing. If you answer "Yes" to a question, provide an explanation in the space provided. If you answer "Yes" to several of the questions, then you must provide a separate explanation describing the date, location, nature, and result of each incident. If additional space is required, you may attach a separate page.

**SECTION 6. EXEMPTION FROM APPLICATION FEE** - Exemption from payment of application fee is limited to federal, state or local government official or institution. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided. The address of the fee exempt institution must appear in Section 1.

**SECTION 7. METHOD OF PAYMENT** - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. **FEES ARE NON-REFUNDABLE.**

**SECTION 8. APPLICANT'S SIGNATURE** - Applicant MUST sign in this section or application will be returned. Card holder signature in section 7 does not fulfill this requirement.

#### NOTICE TO REGISTRANTS MAKING PAYMENT BY CHECK

*Authorization to Convert 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 two more 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 form 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 1117-0015. Public reporting burden for this collection of information is estimated to average 15 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 (PL 104-134) 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 principle 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 person 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 website  
(800, 877, and 888 are toll-free)

#### INTERNET:

[www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)

#### TELEPHONE:

HQ Call Center (800) 882-9539

#### WRITTEN INQUIRIES:

DEA

Attn: Registration Section/ODR

P.O. Box 2639

Springfield, VA 22152-2639