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 800-882-9539 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 :

Do you have other DEA registration numbers?
☐ NO ☐ YES

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

SECTION 1 APPLICANT IDENTIFICATION

Name 1 (Business or Facility Name)

Name 2 (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

See additional information note #3 on page 4.

SECTION 2

BUSINESS ACTIVITY

☐ Chemical Distributor........fee for one year is $1850
☐ Chemical Importer............fee for one year is $1850

☐ Chemical Exporter............fee for one year is $1850
☐ Chemical Manufacturer........fee for one year is $3699

SECTION 3

SCHEDULES

☒ List 1 chemicals

Enter specific codes on page 2.
Listed below are List 1 chemical codes. Check all the chemical codes you handle, and mark if it is bulk or dosage form.

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

If you bulk manufacture a chemical, check the 'BULK?' column after the applicable class code.
If you manufacture the dosage form of a chemical, check the 'DOSAGE?' column after the applicable code.

<table>
<thead>
<tr>
<th>LIST 1 CHEMICAL NAME</th>
<th>CODE</th>
<th>BULK?</th>
<th>DOSAGE?</th>
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<tbody>
<tr>
<td>3,4-Methylenedioxyphenyl-2-Propanone</td>
<td>8502</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthranilic Acid</td>
<td>8530</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzaldehyde</td>
<td>8256</td>
<td></td>
<td></td>
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<tr>
<td>Benzyl Cyanide</td>
<td>8735</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ephedrine</td>
<td>8113</td>
<td></td>
<td></td>
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<tr>
<td>Ergonovine</td>
<td>8675</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ergotamine</td>
<td>8676</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethylamine</td>
<td>8678</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gamma Butyrolactone (GBL)</td>
<td>2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydriodic Acid</td>
<td>6695</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypophosphorous Acid and Salts</td>
<td>6797</td>
<td></td>
<td></td>
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<tr>
<td>Iodine</td>
<td>6699</td>
<td></td>
<td></td>
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<tr>
<td>Isosafrole</td>
<td>8704</td>
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<tr>
<td>Methylamine</td>
<td>8520</td>
<td></td>
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<tr>
<td>N-Acetylanthranilic Acid</td>
<td>8522</td>
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<tr>
<td>N-Methylephedrine</td>
<td>8115</td>
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<tr>
<td>N-Methylpseudoephedrine</td>
<td>8119</td>
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<tr>
<td>N-Phenethyl-4-Piperidone</td>
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<tr>
<td>Nitroethane</td>
<td>6724</td>
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<td>Norpseudoephedrine</td>
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<tr>
<td>Phenylacetic Acid</td>
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<td>Phenylpropanolamine</td>
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<td>Piperidine</td>
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<td>Piperonal</td>
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<td>Propionic Anhydride</td>
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<td>Pseudoephedrine</td>
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<td>Red Phosphorus</td>
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<td>Safrole</td>
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<tr>
<td>White Phosphorus</td>
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</tbody>
</table>

WRITE IN ADDITIONAL CODES You may write in additional chemical codes in this section. Attach a separate sheet if needed.
SECTION 4

STATE LICENSE

Enter your state license information if you are currently authorized to manufacture distribute, import, or export the listed chemicals for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate.

☐ NOT REQUIRED by this state

State License Number

What state issued this license? __________________________ Expiration Date __/__/YYYY

SECTION 5

LIABILITY

1. Has the applicant ever been convicted of a crime in connection with listed chemical(s) under state or federal law, or is any such action pending?
   Date(s) of incident MM-DD-YYYY: __________________________

2. Has the applicant ever surrendered (for cause) or had a federal registration revoked, suspended, restricted, or denied, or is any such action pending?
   Date(s) of incident MM-DD-YYYY: __________________________

3. Has the applicant ever surrendered (for cause) or had a state professional license or registration revoked, suspended, restricted, or placed on probation, or is any such action pending?
   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 listed chemical(s) under state or federal law, or ever surrendered, for cause, or had a federal listed chemical/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?
   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.

SECTION 7

METHOD OF PAYMENT

☐ Check See page 4 of instructions for important information.

☐ American Express ☐ Discover ☐ Master Card ☐ Visa

Credit Card Number ___________ Expiration Date __/__/YYYY

Signature of Card Holder __________________________

Printed Name of Card Holder __________________________

FEE IS NON-REFUNDABLE

SECTION 8

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

Signature of applicant (sign in ink) __________________________ Date __________________________

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.
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 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.