Form-224  
APPLICATION FOR REGISTRATION  
Under the Controlled Substances Act  

INSTRUCTIONS  
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?  

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

FEE FOR THREE (3) YEARS IS $731  
FEE IS NON-REFUNDABLE

SECTION 1  APPLICANT IDENTIFICATION

<table>
<thead>
<tr>
<th>Name 1</th>
<th>Name 2</th>
<th>PLACE OF BUSINESS</th>
<th>Business Phone Number</th>
<th>Business Fax Number</th>
</tr>
</thead>
</table>

PLACE OF BUSINESS Address Line 1

PLACE OF BUSINESS Address Line 2

City  
State  
Zip Code

Business Phone Number  
Point of Contact  
Business Fax Number  
Email Address

DEBT COLLECTION INFORMATION

<table>
<thead>
<tr>
<th>Social Security Number (if registration is for individual)</th>
<th>Tax Identification Number (if registration is for business)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Professional Degree:</th>
<th>Professional School:</th>
</tr>
</thead>
</table>

FOR Practitioner or MLP ONLY:

<table>
<thead>
<tr>
<th>National Provider Identification:</th>
<th>Date of Birth (MM-DD-YYYY):</th>
</tr>
</thead>
</table>

SECTION 2  BUSINESS ACTIVITY

Check one business activity box only

<table>
<thead>
<tr>
<th>Central Fill Pharmacy</th>
<th>Retail Pharmacy</th>
<th>Nursing Home</th>
<th>Automated Dispensing System (ADS)</th>
</tr>
</thead>
</table>

FOR Automated Dispensing System (ADS) ONLY:  

<table>
<thead>
<tr>
<th>DEA Registration # of Retail Pharmacy for this ADS</th>
<th>Euthanasia Technician</th>
<th>Ambulance Service</th>
</tr>
</thead>
</table>

| Professional Military (DDS, DMD, DO, DPM, DVM, or MD) | Mid-level Practitioner (MLP) (DOM, HMD, MP, ND, NP, OD, PA, or RPH) | Animal Shelter  
|------------------------------------------------------|------------------------------------------------------------------|------------------|

<table>
<thead>
<tr>
<th>Teaching Institution</th>
<th>Hospital/Clinic</th>
</tr>
</thead>
</table>

SECTION 3  DRUG SCHEDULES

Check all that apply

<table>
<thead>
<tr>
<th>Schedule 2 Narcotic</th>
<th>Schedule 3 Narcotic</th>
<th>Schedule 4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Schedule 2 Non-Narcotic (2N)</th>
<th>Schedule 3 Non-Narcotic (3N)</th>
<th>Schedule 5</th>
</tr>
</thead>
</table>

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

NEW - Page 1
SECTION 4

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.

Mandatory

State License Number

Expiration Date / / MM - DD - YYYY

What state was this license issued in?

State Controlled Substance License Number

Expiration Date / / MM - DD - YYYY

What state was this license issued in?

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?

   Date(s) of incident MM-DD-YYYY:

   YES NO

IMPORTANT

All questions in this section must be answered.

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?

   Date(s) of incident MM-DD-YYYY:

   YES NO

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?

   Date(s) of incident MM-DD-YYYY:

   YES NO

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?

   Date(s) of incident MM-DD-YYYY:

   YES NO

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 one form of payment only

American Express Discover Master Card Visa

Credit Card Number 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

SECTION 8

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 4
STATE LICENSE
MANDATORY
State License Number

What state was this license issued in? ____________________________

Expiration Date / / ________________
                  MM - DD - YYYY

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?

   Date(s) of incident MM-DD-YYYY: ____________

   YES NO

IMPORTANT
All questions in this section must be answered.

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?

   Date(s) of incident MM-DD-YYYY: ____________

   YES NO

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?

   Date(s) of incident MM-DD-YYYY: ____________

   YES NO

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?

   Date(s) of incident MM-DD-YYYY: ____________

   YES NO

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

Liability question # Location(s) of incident: ____________________________
Nature of incident: __________________________________________________________________________
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.

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 ______________________
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 ____________________________ 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.

NEW - Page 2
SECTION 4

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(S)

MANDATORY

TEM/Salud Numero
Expiration Date / / MM - DD - YYYY

ASSMCA Numero
Expiration Date / / MM - DD - YYYY

Colegio de Medicos Numero
Expiration Date / / MM - DD - YYYY

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 excluded or directed to be excluded from participation in a medicare or state health care program, or is any such action pending?

   Date(s) of incident MM-DD-YYYY:

   Liability question # Location(s) of incident:

   Nature of incident:

   Disposition of incident:

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

IMPORTANT

All questions in this section must be answered.

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?

   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?

   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?

   Date(s) of incident MM-DD-YYYY:

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

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.

FEE EXEMPT CERTIFIER

Signature of certifying official (other than applicant) Date

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

American Express  Discover  Master Card  Visa Expiration Date

Sign if paying by credit card

Signature of Card Holder

Printed Name of Card Holder

Mail this form with payment to:

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

FEE IS NON-REFUNDABLE

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.
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 federal or state fee exempt institution. Applicant must enter a valid social security number (SSN), or a tax identification number (TIN) if applying as a business entity. Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996. The email address, point of contact, national provider id, date of birth, year graduated, and professional school are new data items that are used to facilitate communication or as required by inter-agency data sharing requirements. They are requested in order to facilitate communication or as required by inter-agency data sharing requirements. Practitioner must enter one degree from this list: DDS, DMD, DO, DPM, DVM, or MD. Mid-level practitioner must enter one degree from this list: DOM, HMD, MP, ND, NP, OD, PA, or RPH.

SECTION 2. BUSINESS ACTIVITY - Indicate only one. Practitioner or mid-level practitioner must enter the degree conferred, and are requested to enter the last professional school of matriculation and the year graduated. 

Automated dispensing system (ADS) must provide current DEA registration number of parent retail pharmacy or hospital, and attach a notarized affidavit in accordance with 21 CFR Part 1301.17. Affidavit must include:

1. Name of parent retail pharmacy or hospital and complete address
2. Name of Long-term Care (LTC) facility and complete address
3. Permit or license number(s) and date issued of State certification to operate ADS at named LTC facility
4. Required Statement: This affidavit is submitted to obtain a DEA registration number. If any material information is false, the Administrator may commence proceedings to deny the application under section 304 of the Act (21 U.S.C. 822(a)). Any false or fraudulent material information contained in this affidavit may subject the person signing this affidavit, and the named corporation/partnership/business to prosecution under section 403 of the Act (21 U.S.C 843).
5. Name of corporation operating the retail pharmacy or hospital
6. Name and title of corporate officer signing affidavit
7. Signature of authorized officer

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. The following list of drug codes are examples of controlled substances for narcotic and non-narcotic schedules 2, 3, 4, and 5. Refer to the CFR for a complete list of basic classes.

<table>
<thead>
<tr>
<th>SCHEDULE 2 NARCOTIC</th>
<th>BASIC CLASS</th>
<th>SCHEDULE 3 NARCOTIC</th>
<th>BASIC CLASS</th>
<th>SCHEDULE 4</th>
<th>BASIC CLASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alphaprodine (Nisentil)</td>
<td>9010</td>
<td>Butorphanol (Tramadol)</td>
<td>9064</td>
<td>Alprazolam (Xanax)</td>
<td>2882</td>
</tr>
<tr>
<td>Anileridine (Leritine)</td>
<td>9020</td>
<td>Codeine combo product up to 60 mg (Empron)</td>
<td>9804</td>
<td>Barbital (Veronal, Phenobarbital)</td>
<td>2145</td>
</tr>
<tr>
<td>Cocaine (Methyl Benzoylegonine)</td>
<td>9041</td>
<td>Dihydrocodeine combo product up to 90 mg (Comp)</td>
<td>9807</td>
<td>Chloral Hydrate (Nocodol)</td>
<td>2465</td>
</tr>
<tr>
<td>Codeine (Morphine methyl ester)</td>
<td>9050</td>
<td>Ethylmorphine product up to 15 mg</td>
<td>9808</td>
<td>Chloralhydrate (Librium, Libritabs)</td>
<td>2744</td>
</tr>
<tr>
<td>Dextropropoxyphene (bulk)</td>
<td>9273</td>
<td>Hydrocodone combo product (Lordest, Vicodin)</td>
<td>9806</td>
<td>Clorazepate (Tranxene)</td>
<td>2768</td>
</tr>
<tr>
<td>Diphenoxylate</td>
<td>9170</td>
<td>Morphine combo product up to 50 mg</td>
<td>9810</td>
<td>Dextropropoxyphene du (Darvon)</td>
<td>9278</td>
</tr>
<tr>
<td>Dipenphrine (MS-50)</td>
<td>9058</td>
<td>Opium combo product up to 25 mg (Paregoric)</td>
<td>9809</td>
<td>Diazepam (Valium, Diastat)</td>
<td>2765</td>
</tr>
<tr>
<td>Ethylmorphine (Dionin)</td>
<td>9190</td>
<td>SCHEDULE 3 NON-NARCOTIC</td>
<td></td>
<td>Diethylpropion (Tenuate, Tepolin)</td>
<td>1610</td>
</tr>
<tr>
<td>Etophine Hydrochloride (M-99)</td>
<td>9059</td>
<td>Anabolic Steroids</td>
<td>4000</td>
<td>Difenoxin 1mg/250g atropine SO4 du (Motofen)</td>
<td>9167</td>
</tr>
<tr>
<td>Glutethimide (Doriden, Doridone)</td>
<td>2550</td>
<td>Benzphetamine (Oxidex, Tryptal)</td>
<td>1228</td>
<td>Fenfluramine (Pondimin, Desfenfluramine)</td>
<td>1670</td>
</tr>
<tr>
<td>Hydrocodeone (Dihydrocodeine)</td>
<td>9193</td>
<td>Butabital (Floral, Butabital w/aspirin)</td>
<td>2100/2165</td>
<td>Flurazepam (Dalmane)</td>
<td>2767</td>
</tr>
<tr>
<td>Hydromorphone (Dialud)</td>
<td>9150</td>
<td>Dronabinol in sesame oil with gelatin capsule</td>
<td>7369</td>
<td>Halazepam (Paxipam)</td>
<td>2762</td>
</tr>
<tr>
<td>Levo-alphacetylmethadol (LAAM)</td>
<td>9648</td>
<td>Gamma Hydroxybutyric Acid prep ( Zyrem)</td>
<td>2012</td>
<td>Lorazepam (Alivan)</td>
<td>2885</td>
</tr>
<tr>
<td>Levorphanol (Levo-Dromoran)</td>
<td>9220</td>
<td>Ketamine (Ketaset)</td>
<td>7285</td>
<td>Mazindol (Sanorex, Mazanor)</td>
<td>1605</td>
</tr>
<tr>
<td>Meperidine (Demerol, Mepergan)</td>
<td>9230</td>
<td>Methadone (Methadone)</td>
<td>2575</td>
<td>Mebutazone (Capla)</td>
<td>2800</td>
</tr>
<tr>
<td>Methadone (Dolophine, Methadose)</td>
<td>9250</td>
<td>Pentobarbital suppository du &amp; noncontrolled active ingred. (FP-3, WANS)</td>
<td>2271</td>
<td>Merbamopram (Miltown, Equanil)</td>
<td>2820</td>
</tr>
<tr>
<td>Morphine (MS Contin, Roxanol)</td>
<td>9300</td>
<td>Phenprocyclidine (Plegiene, Bontril, Statobex)</td>
<td>1615</td>
<td>Methohexital (Brevital)</td>
<td>2264</td>
</tr>
<tr>
<td>Opium, powdered</td>
<td>9639</td>
<td>Secobarbital suppository du &amp; noncontrolled active ingredients</td>
<td>2316</td>
<td>Methylphenobarbital (Meralbar)</td>
<td>2250</td>
</tr>
<tr>
<td>Opium, raw</td>
<td>9600</td>
<td>Thioptental (Pentothal)</td>
<td>2100/2129</td>
<td>Midazolam (Versed)</td>
<td>2884</td>
</tr>
<tr>
<td>Oxycodeone (Oxycontin, Percocet)</td>
<td>9143</td>
<td>Verbalbar (Devilina)</td>
<td>2100/2129</td>
<td>Oxazepam (Serax, Serenid-5)</td>
<td>2835</td>
</tr>
<tr>
<td>Oxydymorphone (Numorphan)</td>
<td>9652</td>
<td></td>
<td></td>
<td>Paraldehyde (Paral)</td>
<td>2585</td>
</tr>
<tr>
<td>Opium Poppy / Poppy Straw</td>
<td>9660</td>
<td>SCHEDULE 5</td>
<td></td>
<td>Pemoline (Cyler)</td>
<td>1530</td>
</tr>
<tr>
<td>Poppy Straw Concentrate</td>
<td>9670</td>
<td>Codeine Cough Preparation (Cosayl, Pediacof)</td>
<td>9050</td>
<td>Pentazocine (Talwin, Talacen)</td>
<td>9709</td>
</tr>
<tr>
<td>Thebaine</td>
<td>9333</td>
<td>Difenoxin Preparation (Motofen)</td>
<td>9167</td>
<td>Phenoxybarbital (Luminal, Donnall)</td>
<td>2285</td>
</tr>
</tbody>
</table>

| SCHEDULE 2 NON-NARCOTIC | BASIC CLASS | Dihydrocodeine Preparation (Cophene-S) | 9120 | Phentermine (Ionamin, Fastin, Zentril) | 1640 |
| Amobarbital (Amytal, Tonal) | 2125 | Diphenoxylate Preparation (Lomotil, Lopen) | 9170 | Prazepam (Centrax) | 2764 |
| Amphetamine (Dexedrine, Adderall) | 1100 | Ethylmorphine Preparation | 9190 | Quazepam (Doral) | 2881 |
| Methamphetamine (Desoxyn) | 1105 | Opium Preparation (Kepotenil PG) | 9809 | Temazepam (Restoril) | 2925 |
| Methyldiphenylate (Concerta, Ritalin) | 1174 | Triazolam (Halcion) | 2887 |
| Pentobarbital (Nembutal) | 2270 | Zolpidem (Ambien, Ivadal, Stilnox) | 2783 |
| Phencyclidine (PCP) | 7471 | | | |
| Phentermine (Preluvin) | 1631 | | | |
| Phenylalanine | 8501 | | | |
| Secobarbital (Seconal) | 2315 | | | |
SECTION 4. STATE LICENSE(S) - 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. If your state requires a separate controlled substance number, provide that number on 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 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 with 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 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 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 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 INTERNET
P.O. Box 2639 www.deadiversion.usdoj.gov
Springfield, VA 22152
(800, 877, and 888 are toll-free) TELEPHONE
HQ Call Center (800) 882-9539
INTERNET
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