Form-224A Renewal

RENEWAL APPLICATION FOR REGISTRATION

Under the Controlled Substances Act

APPROVED OMB NO 1117-0014 FORM DEA-224A (04-12) FORM EXPIRES: 01/31/2016

INSTRUCTIONS

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

- To renew by mail complete this application. Keep a copy for your records.
 Mail this form to the address provided in Section 6 or use enclosed envelope.
 The "MAIL-TO ADDRESS" can be different than your "PLACE OF BUSINESS" address.
 If you have any questions call 800-882-9539 prior to submitting your application.

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

REGISTRATION INFORMATION: DEA#

REGISTRATION EXPIRES

FEE IS NON-REFUNDABLE

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

SECTION 1 UPD	DATE REGISTRATION INFORMATION - Please fill in missing information and make corrections if needed to any data we have on record for your registration.
Name 1 :	
Name 2 :	
PLACE OF	
Street Address Line 1 :	
PLACE OF	
Address Line 2 :	
City State : Zip	
Business	Puningg
Phone Number :	Business Fax Number :
Point of Contact :	EMAIL Address :
DEBT COLLECTION	Social Security Number (if registration is for individual) Tax Identification Number (if registration is for business)
Mandatory pursuant	Provide SSN or TIN.
to Debt Collection Improvements Act	See additional information note #3 on page 4.
	Professional Professional Year of
FOR Practitioner	Degree : School : Graduation : select from list only
or MLP	National Provider Identification: Date of Birth (MM-DD-YYYY):
ONLY:	Pate of Bill (with BB 1111).
	M M D D T Y Y Y Y
SECTION 2	Check this box if you wish to register for the same schedule(s): Check this box if you require official order forms:
DRUG SCHEDULES NO CHANGE	For purchase of schedule 2 controlled substances
-OR	
CHANGE	If you want to make a change, check all the schedules that you are requesting for this registration:
	Schedule 2 Narcotic Schedule 3 Narcotic Schedule 4
	Schedule 2 Non-Narcotic (2N) Schedule 3 Non-Narcotic (3N) Schedule 5 224A RENEWAL - Page 1

SECTION 4 STATE LICENSE(S)	You MUST be currently authorized to prescribe, distribute, dispense, conduct research, or of in the schedules for which you are applying under the laws of the state or jurisdiction in which	ch you are operating or propose to operate.
MANDATORY	TEM/Salud Numero	Expiration / / MM - DD - YYYY
		Expiration , ,
	ASSMCA Numero	Date / / MM - DD - YYYY
		Expiration / /
	Colegio de Medicos Numero	MM - DD - YYYY
SECTION 5		YES NO
LIABILITY	been excluded or directed to be excluded from participation in a medicare or state health care	e program, or is any such
iiii Oitifati	· · · · · · · · · · · · · · · · · · ·	YES NO
LIABILITY I. 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: 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, enfeld, restricted on probation, or is any such action pending? Date(s) of incident MM-DD-YYYY: Alter of incident MM-DD-YYYY: Note: It question 4 does not apply to you, be sure to mark 'NO' EXPLANATION OF WEXPLANATION OF Liability question # Liability question # Location(s) of incident: Nature of incident: Nature of incident: Nature 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 institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government official or institution.		in revoked, suspended,
D		YES NO
3. H	as the applicant ever surrendered (for cause) or had a state professional license or controlled voked, suspended, denied, restricted, or placed on probation, or is any such action pending?	substance registration
4. If pi cc re re	the applicant is a corporation (other than a corporation whose stock is owned and traded by artnership, or pharmacy, has any officer, partner, stockholder, or proprietor been c onvicted of ontrolled substance(s) under state or federal law, or ever surrendered, for cause, or had a fed gistration revoked, suspended, restricted, denied, or ever had a state professional license or gistration revoked, suspended, denied, restricted or placed on probation, or is any such action	the public), association, a crime in connection with eral controlled substance controlled substance a pending?
D	ate(s) of incident MM-DD-YYYY: Note: If guestion 4 does	not apply to you, be sure to mark 'NO'. ing of your application if you leave it blank.
		201423351205355
Applicants who have answered "YES" to		
any of the four questions above must provide a statement to explain	, ratal of a moderna	
a separate sheet and	Disposition of incident:	
a separate sheet and return with application		
a separate sheet and return with application SECTION 6 EXEM	MPTION FROM APPLICATION FEE this box if the applicant is a federal, state, or local government official or institution. Does not	1
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SECTION 6 EXEMINATION CONTROL OF THE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF	this box if the applicant is a federal, state, or local government official or institution. Does not or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local and is exempt from payment of the application fee. Signature of certifying official (other than applicant)	government official or institution,
separate sheet and return with application SECTION 6 EXEMINATION Check Business of the certifying official SECTION 7	The undersigned hereby certifies that the applicant named hereon is a federal, state or local and is exempt from payment of the application fee. Signature of certifying official (other than applicant) Print or type name and title of certifying official Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa	government official or institution, ate elephone No. (required for verification)
SECTION 6 EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT	The undersigned hereby certifies that the applicant named hereon is a federal, state or local and is exempt from payment of the application fee. Signature of certifying official (other than applicant) Print or type name and title of certifying official Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information.	government official or institution, ate elephone No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR
a separate sheet and return with application SECTION 6 EXEMINATION Check Business Check Check one form of	The undersigned hereby certifies that the applicant named hereon is a federal, state or local and is exempt from payment of the application fee. Signature of certifying official (other than applicant) Print or type name and title of certifying official Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa	government official or institution, ate elephone No. (required for verification) Mail this form with payment to: DEA Headquarters
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only	The undersigned hereby certifies that the applicant named hereon is a federal, state or local and is exempt from payment of the application fee. Signature of certifying official (other than applicant) Print or type name and title of certifying official 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	government official or institution, ate elephone No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR P.O. Box 2639
a separate sheet and return with application SECTION 6 EXEMINATION Check Business Check Check one form of	The undersigned hereby certifies that the applicant named hereon is a federal, state or local and is exempt from payment of the application fee. Signature of certifying official (other than applicant) Print or type name and title of certifying official Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa	government official or institution, ate elephone No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR P.O. Box 2639 Springfield, VA 22152-2639
SECTION 6 EXEMINATION OF PAYMENT Check one form of payment only Sign if paying by	The undersigned hereby certifies that the applicant named hereon is a federal, state or local and is exempt from payment of the application fee. Signature of certifying official (other than applicant) Print or type name and title of certifying official 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	government official or institution, ate elephone No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR P.O. Box 2639 Springfield, VA 22152-2639
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card SECTION 8 APPLICANT'S	this box if the applicant is a federal, state, or local government official or institution. Does not a federal point of the applicant in the applicant named hereon is a federal, state or local and is exempt from payment of the application fee. The undersigned hereby certifies that the applicant named hereon is a federal, state or local and is exempt from payment of the application fee. Signature of certifying official (other than applicant) Print or type name and title of certifying official 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 Signature of Card Holder	government official or institution, ate elephone No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR P.O. Box 2639 Springfield, VA 22152-2639
SECTION 6 EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card	this box if the applicant is a federal, state, or local government official or institution. Does not for Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution and is exempt from payment of the applicant named hereon is a federal, state or local and is exempt from payment of the application fee. Signature of certifying official (other than applicant) Print or type name and title of certifying official 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 Signature of Card Holder	government official or institution, ate elephone No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR P.O. Box 2639 Springfield, VA 22152-2639

STATE LICENSE(S)	in the schedules for which yo	u are applying und	er the laws of t	he state of	r jurisdict	ion in which yo	ou are operating	or propose to ope	ces rate.
MANDATORY	State License Number						Expiration Date	1 1	
Be sure to include both		What state was th	is license issue	ed in?				MM - DD - YYY	Y
state license numbers	State Controlled Substance								
	License Number						Expiration Date	/ / MM - DD - YYY	_
		What state was th	is license issue	ed in?			_	WIWI - DD - TTT	'
SECTION 5								YES N	40
LIABILITY or ac	as the applicant ever been con been excluded or directed to be tion pending?	e excluded from pa	in connection warticipation in a	vith control medicare	led subs or state l	tance(s) under nealth care pro	state or federal ogram,or is any s	law, uch	_
IMPORTANT 2. Ha	ate(s) of incident MM-DD-YYY` as the applicant ever surrender	ed (for cause) or h	ad a federal co	ontrolled su	ubstance	registration re	voked, suspende	YES N	10
this section must	stricted, or denied, or is any su ate(s) of incident MM-DD-YYY`		, 1-					V50 A	-
50 4.10110104.	as the applicant ever surrender voked, suspended, denied, res		ad a state prof	essional lic	cense or	controlled sub	stance registration	yes M	
	ate(s) of incident MM-DD-YYY				iii dolloii	pending			NO
4. If I pa	he applicant is a corporation rtnership, or pharmacy, has ar ntrolled substance(s) under stagistration revoked, suspended gistration revoked, suspended	(other than a corpo ny officer, partner, s ate or federal law, o restricted, denied, denied, restricted	oration whose s tockholder, or p or ever surrend or ever had a or placed on p	stock is ow proprietor be ered, for ca state proferobation, o	ned and been c on ause, or lessional lessional lessions	traded by the p victed of a cr nad a federal icense or contr such action per	oublic), association in connection controlled substance in constance in connection controlled substance inding?		Ĭ
Da	ate(s) of incident MM-DD-YYY	/:		Note:	If questi slow dow	on 4 does not in processing	apply to you, be of your application	sure to mark 'NO' n if you leave it bl	ank.
EXPLANATION OF "YES" ANSWERS	Liability question #	Location(s)	of incident:						
Applicants who have answered "YES" to any of the four questions above must provide a statement to explain each "YES" answer.	Nature of incident:								
Use this space or attach a separate sheet and return with application	Disposition of incident:								
-	PTION FROM APPLICATION								
	this box if the applicant is a fec r Facility Name of Fee Exempt								S.
Business	Tradity Name of Fee Exemp	moutation. Be su	to cinter tille	dudiess	01 (1113 62	kempt mistitut		<u>.</u>	П
	The undersigned hereby cert and is exempt from payment	ifies that the applic	ant named here	eon is a fe	deral, sta	te or local gov	ernment official of	or institution,	_
FEE EXEMPT	and is exempt from payment	of the application for	ee.			· ·			
CERTIFIER	Signature of certifying official	(other than applicar	nt)			Date			
Provide the name and phone number of the certifying official	Print or type name and title o	certifying official				Telep	hone No. (require	d for verification)	
SECTION 7	Check Make check pays See page 4 of in	able to: Drug Enforc structions for importar	ement Administ nt information.	ration			Mail this for	n with payment to) <i>:</i>
METHOD OF PAYMENT	American Express	Discover	ster Card	Visa				. ,	
Check one form of payment only	Credit Card Number			E	Expiration	Date	P.O. Box 26	stration Section/O	DR
Sign if paying by credit card	Signature of Card Holder			-			FEE IS NO	N-REFUNDABLE	i
	Printed Name of Card Holder			_					
SECTION 8 APPLICANT'S	I certify that the foregoing info	ormation furnished	on this applicat	tion is true	and corr	ect.			
SIGNATURE Sign in ink	Signature of applicant (sig	n in ink)				Da	ate		
	Print or type name and title o	f 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 STATE LICENSE		You MUST be currently authorized to in the schedules for which you are app	orescribe, di olying under	stribute, the laws	, dispe s of th	ense, co e state	onduct or juri	resear sdictio	ch, or n in wh	otherw nich yo	vise har u are o	ndle the peratin	controg g or pro	olled subst opose to o	ances perate.
MANDATORY		State License Number													
		What state was this license issued in?													
Expiration	n Date	/ / 	_												
SECTION 5														YES	NO
LIABILITY	or	been excluded or directed to be exclud	f a crime in ed from part	connect	tion w	th cont medica	rolled s re or s	substa tate he	nce(s) ealth ca	under are pro	state o gram,o	r federa r is any	al law, such		
IMPORTANT						٠								YES	NO
All questions in this section must	res	stricted, or denied, or is any such action	use) or had pending?	a feder	ral cor	ntrolled	substa	ance re	egistrat	ion rev	oked, s	suspen	ded,		
EXPIRATION 5 LABILITY This bit applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law or been excluded from participation in a medicare or state health care program, or is any such addition and 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 addition pending? Date(s) of incident MM-DD-YYYY: 1. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, or sainly such addition pending? Date(s) of incident MM-DD-YYYY: 2. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, or placed or registration revoked, suspended, residued defined, or placed or placed or placed or placed or registration revoked, suspended, residued defined, or placed or placed or placed or placed or registration revoked, suspended, residued defined or prohibition, or sainty such addition pending all placed or registration revoked, suspended, residued or placed or plac			NO												
			placed on p	probatio	n, or i	s any s	uch ac	tion pe	ending	a subs	lance i	egisira	UON	Ш	ш
			in a cornora	tion who	nse st	nck is c	wned:	and tra	nded b	the n	ublic) a	esocia	ition		NO
	pa co rec rec	rtnership, or pharmacy, has any officer, ntrolled substance(s) under state or fed pistration revoked, suspended, restricte jistration revoked, suspended, denied,	partner, stoo eral law, or ed, denied, or estricted or	ckholder ever sur ever ha placed	r, or pi rende ad a s on pro	oprieto red, for tate probation	r been cause ofessio or is a	c onvi , or ha nal lice ny suc	cted of a few anse of action	of a cri deral control on pen	me in controlled suding?	onnect d subs ibstanc	ion with tance e	, ப	
]	-		Not	e If a	uestion	1 4 doe	s not a	apply to	vou h	e sure	to mark 'N	O'. blank.
		Liability quarties #		ingidan	4.				7.550	20113	. 1 50.1	<u></u>			2.2
Applicants who ha	ive	, ,	ocation(s) of	IIICIGEII			7								
any of the four que	estions	Nature of incident:													
a statement to ex	plain														
a separate sheet a	and	Disposition of incident:													
	statement to explain ch "YES" answer. se this space or attach separate sheet and Disposition of incident: turn with application														
			e, or local g	overnme	ent off	icial or	institut	ion. D	oes no	t apply	to con	tractor-	-operat	ed instituti	ons.
Busin	ness o	r Facility Name of Fee Exempt Institution	n. Be sure	to ente	r the	addres	s of th	is exe	mpt ir	stituti	on in S	Section	ı 1.		
													Ш		
		The undersigned hereby certifies that and is exempt from payment of the ap	the applican plication fee	t named	d here	on is a	federa	l, state	or loc	al gove	ernmen	t officia	ıl or ins	titution,	
			" "						_	D-4-					-
Provide the name	and	Signature of certifying official (other tha	in applicant)							Date					
	the	Print or type name and title of certifyin	g official							Teleph	one No	o. (requi	ired for \	verification)	-
SECTION 7		Make check payable to: Do	ug Enforcen	nent Adm	ninistra	ation									
			or important i	Illomatic)II.						Ma	ail this f	orm wit	th paymen	t to:
	f		Maste	r Card	ш	Visa					DE	A Head	lquarte	r	
payment only		Credit Card Number					Expir	ation L	Date				-	on Section	n/ODR
						Ш	Ш		Ш					2152-263	9
Cian if naving by		Ciamatura of Cand Halden									FE	E IS N	ON-RE	FUNDAB	LE
		Signature of Card Holder													
		Printed Name of Card Holder													
SECTION 8 APPLICANT'S		I certify that the foregoing information	furnished or	this ap	plicati	on is tr	ue and	correc	ct.						
Sign in ink		Signature of applicant (sign in ink)								Da	ite				-
		Print or type name and title of applicar	nt												

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. UPDATE REGISTRATION INFORMATION - Each data field displays the information we have on record for your registration. Fill in blanks, update and correct data in the blocks provided. 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.

IF ALL THE DATA IS CORRECT AND COMPLETE, THEN SKIP TO SECTION 2.

SECTION 2. DRUG SCHEDULES - Check the order form box only if you intend to purchase or transfer schedule 2 controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.

All the drug schedules you were certified for on previous registration are displayed above the dotted line. If you are registering for the same schedule(s) listed, CHECK THE "NO CHANGE" BOX AND THEN SKIP TO SECTION 3.

If you need to make a change, applicant should check all drug schedules to be handled from the list displayed below the dotted line. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions.

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.

SCHEDULE 2 NARCOTIC	BASIC CLASS	SCHEDULE 3 NARCOTIC	BASIC CLASS	SCHEDULE 4	BASIC CLASS
Alphaprodine (Nisentil)	9010	Buprenorphine (Buprenex, Temgesic, Subutex	9064	Alprzolam (Xanax)	2882
Anileridine (Leritine)	9020	Codeine combo product up to 90 mg/du (Empirin)	9804	Barbital (Veronal, Plexonal, Barbitone)	2145
Cocaine (Methyl Benzoylecgonine)	9041	Dihydrocodeine combo prod 90 mg/du (Compal)	9807	Chloral Hydrate (Noctec)	2465
Codeine (Morphine methyl ester)	9050	Ethylmorphine combo product 15 mg/du	9808	Chlordiazepoxide (Librium, Libritabs)	2744
Dextropropoxyphene (bulk)	9273	Hydrocodone combo product (Lorcet, Vicodin)	9806	Clorazepate (Tranxene)	2768
Diphenoxylate	9170	Morphine combo product 50 mg/100ml or gm	9810	Dextropropoxyphene du (Darvon)	9278
Diprenorphine (M50-50)	9058	Opium combo product 25 mg/du (Paregoric)	9809	Diazepam (Valium, Diastat)	2765
Ethylmorphine (Dionin)	9190	SCHEDULE 3 NON-NARCOTIC	BASIC CLASS	Diethylpropion (Tenuate, Tepanil)	1610
Etorphine Hydrochloride (M-99)	9059	Anabolic Steroids	4000	Difenoxin 1mg/25ug atropine SO4/du (Motofen)	9167
Glutethimide (Doriden, Dorimide)	2550	Benzphetamine (Didrex, Inapetyl)	1228	Fenfluramine (Pondimin, Dexfenfluramine)	1670
Hydrocodone (Dihydrocodeinone)	9193	Butalbital (Fiorinal, Butalbital w/aspirin)	2100/2165	Flurazepam (Dalmane)	2767
Hydromorphone (Dialudid)	9150	Dronabinol in sesame oil w/soft gelatin capsule	7369	Halazepam (Paxipam)	2762
Levo-alphacetylmethadol (LAAM)	9648	Gamma Hydroxbutyric Acid preps (Zyrem)	2012	Lorazepam (Ativan)	2885
Levorphanol (Levo-Dromoran)	9220	Ketamine (Ketaset)	7285	Mazindol (Sanorex, Mazanor)	1605
Meperidine (Demerol, Mepergan)	9230	Methyprylon (Noludar)	2575	Mebutamate (Capla)	2800
Methadone (Dolophine, Methadose)	9250	Pentobarbital suppository du & noncontrolled active ingred. (FP-3, WANS)	2271	Meprobamate (Miltown, Equanil)	2820
Morphine (MS Contin, Roxanol)	9300	Phendimetrazine (Plegine, Bontril, Statobex	1615	Methohexital (Brevital	2264
Opium, powdered	9639	Secobarbital suppository du & noncontrolled active ingredients	2316	Methylphenobarbital (Mebaral)	2250
Opium, raw	9600	Thiopental (Pentothal)	2100/2329	Midazolam (Versed)	2884
Oxycodone (Oxycontin, Percocet)	9143	Vinbarbital (Delvinal)	2100/2329	Oxazepam (Serax, Serenid-D))	2835
Oxymorphone (Numorphan)	9652			Paraldehyde (Paral)	2585
Opium Poppy / Poppy Straw	9650	SCHEDULE 5	BASIC CLASS	Pemoline (Cylert)	1530
Poppy Straw Concentrate	9670	Codeine Cough Preparation (Cosanyl, Pediacof)	9050	Pentazocine (Talwin, Talacen)	9709
Thebaine	9333	Difenoxin Preparation (Motofen)	9167	Phenobarbital (Luminal, Donnatal)	2285
SCHEDULE 2 NON-NARCOTIC	BASIC CLASS	Dihydrocodeine Preparation (Cophene-S)	9120	Phentermine (Ionamin, Fastin, Zantryl)	1640
Amobarbital (Amytal, Tuinal)	2125	Diphenoxylate Preparation (Lomotil, Logen)	9170	Prazepam (Centrax)	2764
Amphetamine (Dexedrine, Adderall)	1100	Ethylmorphine Preparation	9190	Quazepam (Doral)	2881
Methamphetamine (Desoxyn)	1105	Opium Preparation (Kapectolin PG)	9809	Temazepam (Restoril)	2925
Methylphenidate (Concerta, Ritalin)	1724			Triazolam (Halcion)	2887
Pentobarbital (Nemutal)	2270			Zolpidem (Ambien, Ivadal, Stilnox)	2783
Phencyclidine (PCP)	7471				
Phenmetrazine (Preludin)	1631				
Phenylacetone	8501				
Secobarbital (Seconal)	2315				

- CONTINUED -

SECTION 3. 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 4. LIABILITY - Applicants 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 the "Yes" box is already marked, then we have that data on record from a previous registration. You must provide an explanation for the original and all subsequent [new] incidents. If additional space is required, you may attach a separate page.

SECTION 5. 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 6. 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 7. APPLICANT'S SIGNATURE - Applicant MUST sign in this section or application will be returned. Card holder signature in section 6 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

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

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