Form-225A
Renewal

RENEWAL APPLICATION FOR REGISTRATION

Under the Controlled Substances Act

APPROVED OMB NO 1117-0012
FORM DEA-225A (11-17)
Form Expires: 7/31/18

INSTRUCTIONS

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

1. To renew by mail complete this application. Keep a copy for your records.
2. Mail this form to the address provided in Section 6 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** 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 UPDATE 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 BUSINESS Street Address Line 1 :

PLACE OF BUSINESS Address Line 2 :

City
State :
Zip

Business Phone Number :

Cell Phone Number :

Point of Contact :

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***)

Provide SSN or TIN. See additional information note #3 on page 4.

SECTION 2

A. SCHEDULES

NO CHANGE ☐ Check this box if you wish to register for the same schedule(s):

☐ For purchase of schedule 2 controlled substances — Check this box if you require official order forms:

-OR-

CHANGE If you want to make a change, check all the schedules that you are requesting for this registration:

☐ List 1 (L1) - **manufacturers & importers ONLY**
☐ Schedule 1
☐ Schedule 2 Narcotic
☐ Schedule 2 Non-Narcotic (2N)
☐ Schedule 3 Narcotic
☐ Schedule 3 Non-Narcotic (3N)
☐ Schedule 4
☐ Schedule 5

Enter specific drug codes on page 2.

B. MANUFACTURER ONLY

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

☐ L1 ☐ 1 ☐ 2 ☐ 2 NON narcotic ☐ 3 ☐ 3 NON narcotic ☐ 4 ☐ 5 — STAGE 1 Bulk synthesis/extraction

☐ L1 ☐ 1 ☐ 2 ☐ 2 NON narcotic ☐ 3 ☐ 3 NON narcotic ☐ 4 ☐ 5 — STAGE 2 Dosage form manufacture

☐ L1 ☐ 1 ☐ 2 ☐ 2 NON narcotic ☐ 3 ☐ 3 NON narcotic ☐ 4 ☐ 5 — STAGE 3 Package / Repackage Label / Relabel

☐ L1 ☐ 1 ☐ 2 ☐ 2 NON narcotic ☐ 3 ☐ 3 NON narcotic ☐ 4 ☐ 5 — STAGE 4 Non-human consumption

C. SCHEDULE CODES Listed below are examples of schedules 1-5 and List 1 codes. Check all drug and chemical codes you handle as required. For more information, see our web site at ***www.deadiversion.usdoj.gov***, 21 CFR 1308, or call ***1-800-882-9539***

Canine Handler .....must mark sched 1	Distributor.....must mark all sched 1, drug code 2012
Exporter .....must mark all schedule 1-5	Reverse Distributor.....must mark all sched 1, drug code 2012
Importer.....must mark all schedule 1-5 & List 1 codes	Researcher w/Sched 1.....must mark sched 1
Manufacturer.....must mark all schedule 1,2 & List 1 codes	Researcher w/Sched 2-5.....must mark sched 2 to be manufactured or imported as part of research

If you bulk manufacture a substance, check the 'BULK?' column after the applicable class code.

	SCHEDULE 1 NARCOTIC & NON-NARCOTIC	**CODE**	**BULK?**
☐	3,4-Methylenedioxyamphetamine (MDA)	7400	_____
☐	3,4-Methylenedioxymethamphetamine (MDMA)	7405	_____
☐	4-Methyl-2,5-Dimethoxyamphetamine (DOM, STP)	7395	_____
☐	4-Methylaminorex -cis isomer (U4Euh, McN-422)	1590	_____
☐	Alphacetylmethadol (except LAAM)	9603	_____
☐	Bufotenine (Mappine)	7433	_____
☐	Marihuana	7360	_____
☐	Diethyltryptamine (DET)	7434	_____
☐	Difenoxin 1MG/25UG AtSO4 /DU (Motofen)	9167	_____
☐	Dimethyltryptamine (DMT)	7435	_____
☐	Etorphine (except HCL)	9056	_____
☐	Gamma Hydroxybutyric Acid (GHB)	2010	_____
☐	Heroin (Diamorphine)	9200	_____
☐	Ibogaine	7260	_____
☐	Lysergic Acid Diethylamide (LSD)	7315	_____
☐	Mescaline	7381	_____
☐	Marihuana Extract	7350	_____
☐	Methaqualone (Quaalude)	2565	_____
☐	Normorphine	9313	_____
☐	Peyote	7415	_____
☐	Psilocybin	7437	_____
☐	Tetrahydrocannabinols (THC)	7370	_____

	SCHEDULE 3 NARCOTIC & NON-NARCOTIC	**CODE**	**BULK?**
☐	Anabolic Steroids	4000	_____
☐	Barbituric acid derivative	2100	_____
☐	Benzphetamine (Didrex, Inapetyl)	1228	_____
☐	Buprenorphine (Buprenex, Temgesic)	9064	_____
☐	Butabarbital	2100	_____
☐	Butalbital	2100	_____
☐	Codeine combo product (Empirin)	9804	_____
☐	Dihydrocodeine combo product (Compal)	9807	_____
☐	Dronabinol in sesame oil soft cap (Marinol)	7369	_____
☐	Gamma Hydroxybutyric Acid preparations (Zyrem)	2012	_____
☐	Ketamine (Ketaset, Ketalar)	7285	_____
☐	Morphine combo product	9810	_____
☐	Nalorphine (Nalline)	9400	_____
☐	Opium combo product (Paregoric)	9809	_____
☐	Pentobarbital suppository dosage (FP3)	2270	_____
☐	Phendimetrazine (Plegine, Bontril)	1615	_____
☐	Thiopental	2100	_____

	SCHEDULE 5 NARCOTIC & NON-NARCOTIC	**CODE**	**BULK?**
☐	Codeine preparations (Robitussin A-C, Pediacof)	9050	_____
☐	Pyrovalerone (Centroton, Thymergix)	1485	_____

	SCHEDULE 2 NARCOTIC & NON-NARCOTIC	**CODE**	**BULK?**
☐	Amobarbital (Amytal, Tuinal)	2125	_____
☐	Amphetamine (Dexedrine, Adderall)	1100	_____
☐	Cocaine (Methyl benzoylecgonine)	9041	_____
☐	Codeine (Morphine methyl ester)	9050	_____
☐	Dextropropoxyphene (bulk)	9273	_____
☐	Diphenoxylate	9170	_____
☐	Fentanyl (Duragesic)	9801	_____
☐	Hydrocodone (Dihydrocodeinone)	9193	_____
☐	Hydromorphone (Dilaudid)	9150	_____
☐	Levo-Alphacetylmethadol (LAAM)	9648	_____
☐	Levorphanol (Levo-Dromoran)	9220	_____
☐	Meperidine (Demerol, Mepergan)	9230	_____
☐	Methadone (Dolophine, Methadose)	9250	_____
☐	Methamphetamine (Desoxyn)	1105	_____
☐	Methylphenidate (Concerta, Ritalin)	1724	_____
☐	Morphine (MS Contin, Roxanol)	9300	_____
☐	Opium, powdered	9639	_____
☐	Oxycodone (Oxycontin, Percocet)	9143	_____
☐	Oxymorphone (Numorphan)	9652	_____
☐	Pentobarbital (Nembutal)	2270	_____
☐	Phencyclidine	7471	_____
☐	Secobarbital (Seconal, Tuinal)	2315	_____

	SCHEDULE 4 NARCOTIC & NON-NARCOTIC	**CODE**	**BULK?**
☐	Alprazolam (Xanax)	2882	_____
☐	Barbital (Veronal, Plexonal)	2145	_____
☐	Chloral Hydrate (Noctec)	2465	_____
☐	Chlordiazepoxide (Librium)	2744	_____
☐	Clonazepam (Klonopin)	2737	_____
☐	Clorazepate (Tranxene)	2768	_____
☐	Diazepam (Valium)	2765	_____
☐	Flurazepam (Dalmane)	2767	_____
☐	Lorazepam (Ativan)	2885	_____
☐	Meprobamate (Miltown, Equanil)	2820	_____
☐	Midazolam (Versed)	2884	_____
☐	Oxazepam (Serax, Serenid-D)	2835	_____
☐	Phenobarbital (Luminal)	2285	_____
☐	Phentermine (Fastin, Zantryl)	1640	_____
☐	Temazepam (Restoril)	2925	_____
☐	Zolpidem (Ambien, Stilnox)	2783	_____

	LIST 1 REGULATED CHEMICALS	**CODE**	**BULK?**
	** ONLY manufacturers & importers may select List 1		
☐	Ephedrine	8113	_____
☐	Phenylpropanolamine	1225	_____
☐	Pseudoephedrine	8112	_____

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

SECTION 3

STATE LICENSE(S)

Be sure to include both state license numbers if applicable

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 (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 4

LIABILITY

IMPORTANT

All questions in this section must be answered.

Question	YES	NO
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: ☐☐-☐☐-☐☐☐☐	☐	☐
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

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:

Result of incident:

SECTION 5 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

Provide the name and phone number of the certifying official

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.

________________ Signature of certifying official (**other than applicant**) ________ Date

________________ Print or type name and title of certifying official ________ Telephone No. (required for verification)

SECTION 6

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

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 7

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.

Form-225A RENEWAL APPLICATION FOR REGISTRATION Supplementary Instructions and Information

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 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.

SECTION 2A. SCHEDULES - Check the order form box only if you intend to purchase or to transfer schedule 1 and 2 controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration. All the 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 . If you need to make a change, applicant should check all 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.

2B. MANUFACTURER ONLY - Mark the chemical/controlled substance schedule(s) handled in each manufacturing stage listed.

2C. SCHEDULE CODES - Report all chemical/drug codes as required for your business activity. Controlled substances manufacturers and importers must obtain a separate chemical registration if they handle chemicals other than an FDA-approved drug product containing 1225, 8112, or 8113.

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 license, provide that number on this application.

SECTION 4. 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 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 - 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

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.

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.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