

FORM DHHS 227

Application for Reregistration

under
N.C. Controlled Substances Act
of 1971

DHHS Registration No. _____

DEA No. _____

Please print or type all entries

Name of Applicant (Facility Name)

Mailing Address

Location

Town County State Zip

Applicant Telephone: Area Code

Point of Contact Name: _____

Point of Contact Telephone: _____

RETAIN COPY
Mail Application to:

**Department of Health and Human Services
Controller's Office-Accounts Receivable
2025 Mail Service Center
Raleigh, North Carolina 27699-2025
Telephone: (919) 733-1765**

REGISTRATION CLASSIFICATION: SUBMIT CHECK OR MONEY ORDER PAYABLE TO: SUBSTANCE ABUSE DRUG REGULATORY

1. Business Activity: (Check one only)

- A Manufacturer \$600
- B Distributor \$500
- C Researcher \$125
- D Analytical Laboratory \$100
- E Dog Handler \$150

2. Drug Schedules: (Check all applicable)

- Schedule I
- Schedule II
Narcotic
- Schedule IIN
Non-narcotic
- Schedule III
Narcotic
- Schedule IIIN
Non-narcotic
- Schedule IV
- Schedule V
- Schedule VI

3. Registration as a manufacturer conveys distribution privileges only as those substances manufactured.

Manufacturers (Item 1A, Business Activity) check schedules applicable to any category in the boxes below:

	Schedules					
	I	II	III	IV	V	VI
Bulk Manufacturer Synthesizer-Extractor						
Dosage Form Manufacturer						
Repacker-Relabeler						

4. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

- (a) Are you currently authorized to manufacture, distribute, dispense, prescribe, conduct research, or otherwise handle the controlled substances in the schedules for which you applying under the laws of North Carolina or the Federal Government?
 Yes No
- (b) Has the applicant been convicted of a felony under State or Federal law relating to the manufacture, possession, distribution, or dispensing of controlled substances?
 Yes No
- (c) Has any previous registration held by the applicant, corporation, firm, partner, or officer of applicant under Federal CSA or NCCSA been surrendered, revoked, suspended, denied, or is it pending such action?
 Yes No

If YES to b and/or c, attach a letter setting forth the circumstances of such action.

5. Drug code numbers must coincide with the schedules requested, listed below are the drug code requirements for each business activity:

Analytic Lab – Not Required To List Drug Codes						
Distributor – Schedule I						
Researcher – Schedule I, II, III, IV, V and VI						
Manufacturer – Schedule I, II, III, IIIN						

IF ADDITIONAL SPACE IS REQUIRED, USE A SEPARATE SHEET AND RETURN WITH APPLICATION

AUTHORIZED INDIVIDUAL

Date

Print or Type Name

Signature

Official Title