

Instructions for completing Form DEA 252  
CSOS Principal Coordinator/Alternate Coordinator Certificate Application

**Introduction:**

Form DEA-252 is for individuals applying to fulfill the role of CSOS Principal Coordinator or Alternate Coordinator. The Coordinator Applicant may be any individual employed by the DEA Registrant's organization and may, but is not required to, sign controlled substance orders. Only one Principal Coordinator and one Alternate Coordinator may be enrolled for each DEA Registration number. ***If the Registrant is requesting to be a Coordinator, he or she should apply ONLY as a Registrant (Form DEA-251) and indicate him or herself as the Coordinator.***

**Principal Coordinator**

The Principal Coordinator is the primary CSOS contact with regards to CSOS Certificate applications, renewals, and revocations for the DEA Registration(s) identified on his/her application. The Registrant may fulfill the role of Coordinator him/herself, or may delegate the role to any other individual. Principal Coordinator must be identified for each DEA Registration participating in the Controlled Substance Ordering System.

**Alternate Coordinator**

Optionally, an organization may enroll an Alternate Coordinator. An Alternate Coordinator is the CSOS contact in the absence of the Principal Coordinator for the DEA Registration(s) identified on his/her application. Both the Principal Coordinator and Alternate Coordinator are authorized to revoke or renew any CSOS Certificate issued to an individual subscriber for the associated DEA Registration Number(s).

Both the Principal Coordinator and Alternate Coordinator fulfill the role of Local Registration Authority (LRA) for the DEA Registration(s) identified on his/her application. As LRA, the Coordinator is responsible for verifying the identity and applicability of all other individuals enrolling as CSOS Power of Attorneys for the associated DEA Registration Number(s).

**Completing the application:**

The information must be **TYPED electronically into the PDF form on-line** with the exception of signatures, affirmations and the notary acknowledgement sections, which must be completed in blue or black ink. **All fields must be completed.**

The DEA Registrant must approve the Coordinator Applicant in Section 4. The DEA Registrant is the individual who signed, or is authorized to sign, the latest application for DEA Registration.

The Coordinator Applicant should review the CSOS Coordinator Certificate Application Checklist to ensure all required documents are included with his/her application prior to mailing the application package to the CSOS Registration Authority.

Please contact DEA Diversion E-Commerce Support for enrollment assistance.  
Phone: 1-877-DEA-ECOM (1-877-332-3266)  
E-mail: CSOSsupport@deaecom.gov

Instructions for completing DEA Form 252 CSOS Principal Coordinator/Alternate  
Coordinator Certificate Application

**For all postal carriers including the United States Postal Service (USPS), Federal Express (FedEx), the United Parcel Service (UPS), and DHL, mail the completed application and attachments to:**

Drug Enforcement Administration  
Sterling Park Technology Center / CSOS  
8701 Morrissette Drive  
Springfield, VA 22152

**What the applicant will receive:**

The CSOS Coordinator Applicant will receive one CSOS Administrative Certificate for communication purposes. The Applicant may also request a CSOS Signing Certificate for electronic ordering of controlled substances. If approved, the Coordinator Applicant will be issued one CSOS Signing Certificate for each DEA Registration Number requested.

The Coordinator Applicant will receive a pair of activation notices for each certificate issued:

- An E-mail activation notice will be sent for each certificate, which will contain an Access Code unique to that certificate
- A postal mailed activation notice will be sent for each certificate, which will contain an Access Code Password unique to that certificate as well as information for logging in to DEA's secure certificate retrieval Web site

The codes must be entered on the DEA E-Commerce Web site in order to retrieve the digital certificate.

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Sterling Park Technology Center / CSOS  
8701 Morrisette Drive  
Springfield, VA 22152

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**Section 1 – Applicant Information (all fields required)**

Field Name	Information Description
Applicant Last Name	Enter the last name of the applicant.
Applicant First Name	Enter the first name of the applicant.
MI	Enter the middle initial of the applicant. Enter 'X' if the applicant does not have a middle initial.
Applicant Social Security Number	Enter the Social Security Number of the applicant. This information will be kept private and used for internal purposes as stated in the Privacy Policy.
Applicant Bus. Phone	Enter the business phone number for the applicant. This phone number will be kept private and will be used only when necessary for correspondence concerning your CSOS application or CSOS Certificate(s).
Applicant E-Mail Address	Enter the <i>individual</i> E-mail address for the applicant, which must not be the same E-mail address as any other applicant. This E-mail address will be kept private and will be used for correspondence concerning your CSOS application or CSOS Certificate(s).
DEA Registration No.	Enter the DEA Registration Number for which the applicant is requesting electronic ordering ability and, if indicated, Principal Coordinator status. The number entered on the application <b>MUST</b> appear as it does on the associated DEA Registration Certificate. Inconsistency between the application and the registration certificate will result in approval delays or denial.
DEA Registrant Name	Enter the name of the DEA Registered <i>location</i> as it appears on the DEA Registration Certificate (Form 223). Inconsistency between the application and Registration Certificate will result in approval delays or denial.
Security Code	Enter a security code for the applicant. This information will be kept private and used for authentication purposes. Use letters only. Do not include any numbers.
No. of Addendums	Enter the number of CSOS Certificate Application Registrant List Addendums (DEA Form 254) submitted. <b>Enter '0' if no addendum forms are attached.</b> DEA Registrant List Addendums allow applicants to enroll for Certificates for additional DEA Registration numbers.
Applicant Business Address	Enter the business address of the CSOS Coordinator applicant. This address may be used for correspondence concerning CSOS Certificate applications, renewals, and revocations.

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**Section 2 – Applicant Classification (all fields required)**

Field Name	Information Description
1. Are you applying as Principal Coordinator?  Alternate Coordinator?	Check the appropriate box to indicate whether the applicant is to serve as Principal Coordinator or Alternate Coordinator. Only one Principal Coordinator and one Alternate Coordinator may enroll for each DEA Registration Number. Please note that a Registrant may be the Principal Coordinator.
2. Do you also wish to obtain a CSOS Signing Certificate for signing controlled substance orders for the identified DEA Registrant(s)?	Check <b>Yes</b> if requesting a CSOS Signing Certificate, which is required for signing electronic orders for controlled substances. If requesting a CSOS Signing Certificate, a CSA Power of Attorney letter must be submitted with the application.  Check <b>No</b> if requesting only a CSOS Administrative Certificate, which may not be used for signing electronic orders for controlled substances.

**Section 3 – Applicant/Notary Signature (all fields required)**

Field Name	Information Description
Applicant Signature, Date	The applicant must sign and date the application using blue or black ink IN THE PRESENCE of a certified notary public. <i>The party signing this application must be the same party listed in Section 1 – Applicant Information (First Name/Last Name/MI).</i>
Notary Signature, Date	A CERTIFIED NOTARY PUBLIC must sign using blue or black ink and seal/stamp each page of the application.

**Section 4 – DEA Registrant’s Affirmation of Delegation of Coordinator (all fields required)**

Field Name	Information Description
Organization Name	Enter the organization name under which the DEA Registration(s) listed is registered, as it is registered with state business licensing.
Organization Address	Enter the organization address under which the DEA Registration(s) listed is registered, as it is registered with state business licensing.
Signature of the DEA Registrant	The DEA Registrant must sign the application. The DEA Registrant is the individual who signed, or is authorized to sign, the most recent application for DEA Registration. By signing this block, the DEA Registrant certifies that the Coordinator Applicant identified in Section 1 has been delegated to act as CSOS Coordinator for the Organization listed above and identified DEA Registration(s).
Last Name	Printed last name of the DEA Registrant.
First Name	Printed first name of the DEA Registrant.

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**Section 5 – Applicant Signature**

<b>Field Name</b>	<b>Information Description</b>
Applicant Signature, Date	The applicant must sign and date the application using blue or black ink IN THE PRESENCE of a certified notary public. <i>The party signing this application must be the same party listed in Section 1 – Applicant Information (First Name/Last Name/MI).</i>

**Section 6 – Notary Acknowledgement**

<b>Field Name</b>	<b>Information Description</b>
Notary Acknowledgement	A CERTIFIED NOTARY PUBLIC must complete the Acknowledgement section using blue or black ink. All fields in this section, including the notary seal/stamp, must be completed. The applicant must sign the application in the presences of the CERTIFIED NOTARY PUBLIC. It is the responsibility of the applicant to ensure that all information is completed.

**Warning:** When the applicant signs the application, he/she is stating that he/she has read, understood, and agreed to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement and Certificate Policy. He/she is certifying that the information, statements and representations provided by him/her on the application are true and accurate to the best of his/her knowledge. He/She understands that presenting false information is a criminal offense and is punishable by law. Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.

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 control number for the collection of this information is 1117-0038. Public reporting burden for this collection of information is estimated to average 0.72 hour, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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## CSOS Principal Coordinator/Alternate Coordinator Certificate Application

This application is for individuals applying to serve the role of CSOS Principal Coordinator or CSOS Alternate Coordinator. Applicants who hold a valid Power of Attorney (POA) to obtain and sign Schedules I and/or II controlled substance orders for the DEA Registrant(s) identified will receive a CSOS Signing Certificate. Read instructions before completing. ALL FIELDS ARE REQUIRED.

### Section 1 – Applicant Information

Applicant Last Name									
<input type="text"/>									
Applicant First Name									
<input type="text"/>									
MI	Applicant SSN Number				Applicant Bus. Phone				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant E-Mail Address									
<input type="text"/>									
DEA Registration No.		DEA Registrant Name							
<input type="text"/>		<input type="text"/>							
Security Code (e.g. Mother's Maiden Name) <i>Letters only. Remember this code to ensure proper identification when you call the Support Desk.</i>									No. of Addendums
<input type="text"/>									<input type="text"/>
Applicant Business Address									
<input type="text"/>									
City				State		Zip			
<input type="text"/>				<input type="text"/>		<input type="text"/>			

### Section 2 – Applicant Classification

1. Are you applying as Principal Coordinator	<input type="checkbox"/>	Alternate Coordinator	<input type="checkbox"/>
2. Do you also wish to obtain a CSOS Signing Certificate for signing controlled substance orders for the identified DEA Registrant(s)?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Section 3 – Applicant/Notary Signature

Applicant Signature _____	Date _____
Notary Signature _____	Date _____
Note: This application will be denied and returned if not signed and dated by the Coordinator Applicant listed in Section 1 and the Notary listed in Section 6.	

**Section 4 – DEA Registrant’s Affirmation of Delegation of Coordinator**

Organization Name

Organization Address

City  State   Zip

As the individual who signed the most recent application for DEA Registration or the individual authorized to sign the most recent application for DEA Registration for the DEA Registration numbers submitted with this application I certify the applicant listed in Section 1 has been delegated to act as CSOS Coordinator for the above organization and identified DEA Registrant(s).

**Signature of DEA Registrant** \_\_\_\_\_ **Date** \_\_\_\_\_

Last Name (Print)

First Name (Print)

Note: The DEA Registrant is the individual who signed or is authorized to sign the most recent application for DEA Registration. This application will be denied and returned if Section 4 does not include the signature of the DEA Registrant and a date.

**Section 5 – Applicant Signature**

By signing this document, I am stating that I have read, understand and agree to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement and the CSOS DEA Registrant Agreement. I am also certifying that the information, statements, and representations provided by me on this form are true and accurate to the best of my knowledge. I understand presenting false information is a criminal offense and is punishable by law.

**Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Note: This application will be denied and returned if Section 5 does not include the signature of the Coordinator Applicant listed in Section 1 and a date.

**Section 6 – Notary Acknowledgement**

**Instructions to Notary: 1. Modify this form where necessary to assure compliance with the laws of your jurisdiction. Use the back of the form if necessary. 2. Notary must fully complete the Acknowledgement below 3. Sign and seal/stamp both pages of the form. 4. Identification #1 must be a government-issued, widely recognized form of photo ID, such as Driver's License or Passport. ID #2 does not require a photo, but must be different form of ID. Examples: Valid government issued ID, employee ID card, utility or tax bill, major insurance card, or state pharmacist ID.**

State or Commonwealth of \_\_\_\_\_ County of \_\_\_\_\_ Country \_\_\_\_\_  
 On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared \_\_\_\_\_ (Applicant) proved to me on the basis of the presentation of two forms of identification listed below to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same, and that by his/her signature on the instrument the person executed the instrument in my presence.

ID #1 (with photograph) Type: \_\_\_\_\_ Identifying Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 ID #2 Type: \_\_\_\_\_ Identifying Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Witness my hand and official seal.  
 Notary's Signature: \_\_\_\_\_ Notary Stamp/Seal  
 Notary's Name (Print or Type): \_\_\_\_\_  
 Notary's Address: \_\_\_\_\_  
 Notary's Phone: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_



## Instructions for completing DEA Form 252 CSOS Coordinator Certificate Application Checklist

Use the following checklist to ensure that your enrollment package is complete. Incomplete applications will be returned if the requested missing items are not supplied within 90 days.

- DEA Registrant (section 4) holds a valid DEA Registration for ordering Schedule I and/or II controlled substances and employs the Coordinator Applicant.
- All DEA Registration numbers listed are valid for ordering Schedule I and/or II substances.
- The Coordinator applicant has read, understood, and agreed to the CSOS DEA Registrant Agreement, the CSOS Subscriber Agreement, and the CSOS Privacy Policy.

The Coordinator applicant must mail all of the following documents to the CSOS Registration Authority

- Form DEA-252** – the original, completed, signed, and notarized CSOS Principal Coordinator/Alternate Coordinator Certificate Application
  - All fields have been completed – there are *no optional fields*
  - The Coordinator Applicant's E-mail address is a personal account, not shared with any other individual applicant
  - The Coordinator has indicated whether he/she requests a CSOS Signing Certificate for electronic orders of controlled substances. If not requested, only a CSOS Administrative Certificate will be issued
  - The Registrant for the DEA Registration numbers listed on form DEA 252 and, if applicable, DEA 254 has signed Section 4, authorizing the Coordinator to enroll
  - The application has been signed in the presence of a notary, unsigned applications will be denied and returned
  - The application has been notarized
- Power of Attorney Letter** – (required if requesting a CSOS Signing Certificate) a photocopy of the letter from the Registrant granting Power of Attorney to the Coordinator applicant *for each DEA Registration number identified* on form DEA 252 and 254 (if applicable)
- Form DEA-223** – a clearly readable photocopy of the DEA Registration certificate *for each DEA Registration number identified* on form DEA 252 and DEA 254 (if applicable)
- Coordinator Applicant Identifications** – photocopies of two clearly readable forms of ID. One form of ID must be a Government-issued photo ID such as a driver's license or passport; the second form of ID does not require a photo and can be anything *except for a credit card*.
- Addendums (Form DEA-254)** – only required if the Coordinator applicant is to be Coordinator for *more than one location*. Each *additional location* must be indicated on the CSOS Certificate Registrant List Addendum (Form DEA-254). If requesting signing authority, one CSOS Signing Certificate will be issued to the Coordinator for each DEA registration number. Please contact DEA E-Commerce Support if enrolling for more than 50 DEA Registrations.

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