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 UPI Name 1 :	DATE REGISTRATION INFORMATION - Please fill in missing information and make co	prrections if needed to any data we have on record for your registration.
Name 2 :		
PLACE OF BUSINESS Street		
Street Address Line 1 :		
PLACE OF BUSINESS Address Line 2:		
City State : Zip		
Business 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 o Debt Collection mprovements Act	Provide SSN or TIN. See additional information note #3 on page 4.	
FOR Practitioner or	Professional Professional School: select from list only	Year of Graduation :
MLP ONLY:	National Provider Identification:	Date of Birth (MM-DD-YYYY):
		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:
NO CHANGE		For purchase of schedule 2 controlled substance
-OR		-,-,-,
CHANGE	If you want to make a change, check all the schedules that you are reque	1 =
	Schedule 2 Narcotic Schedule 2 Non-Narcotic (2N) Schedule 3 Narcotic Schedule 3 Non-Narcotic	Schedule 4 otic (3N) Schedule 5
		224A RENEWAL - Page

STATE LICENSE(S)	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			Expiration / /
W. W. C. C.	TEM/Salud Numero		MM - DD - YYYY
	ASSMCA Numero		Expiration / / Date
			MM - DD - YYYY Expiration , ,
	Colegio de Medicos Numero		Date / / MM - DD - YYYY
SECTION 5			YES NO
LIABILITY _C			
•	ate(s) of incident MM-DD-YYYY:		YES NO
this section must	las the applicant ever surrendered (for cause) or had a rederal controlled estricted, or denied, or is any such action pending?	substance registration	revoked, suspended,
	ate(s) of incident MM-DD-YYYY:		YES NO
3. F	las the applicant ever surrendered (for cause) or had a state professional evoked, suspended, denied, restricted, or placed on probation, or is any su	uch action pending?	ubstance registration
	late(s) of incident MM-DD-YYYY:	and the dead by the	YES NO
4. II p C r r	the applicant is a corporation (other than a corporation whose stock is or arthership, or pharmacy, has any officer, partner, stockholder, or proprietor ontrolled substance(s) under state or federal law, or ever surrendered, for egistration revoked, suspended, restricted, denied, or ever had a state pro- egistration revoked, suspended, denied, restricted or placed on probation,	whed and traded by the been convicted of a cause, or had a federa fessional license or co or is any such action p	e public), association, crime in connection with all controlled substance introlled substance pending?
	Pate(s) of incident MM-DD-YYYY:	e: If question 4 does n	ot apply to you, be sure to mark 'NO'.
EXPLANATION OF "YES" ANSWERS	Liability question # Location(s) of incident:	ir slow down processin	g or your apprication in you leave it blank.
Applicants who have answered "YES" to any of the four question above must provide a statement to explain each "YES" answer.			
Use this space or attach			
a separate sheet and return with application	Disposition of incident:	·	
return with application	Disposition of incident: MPTION FROM APPLICATION FEE	>	
SECTION 6 EXE	MPTION FROM APPLICATION FEE this box if the applicant is a federal, state, or local government official or i		
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SECTION 6 EXE	MPTION FROM APPLICATION FEE this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address	s of this exempt instit	cution in Section 1.
SECTION 6 EXE Check Business	MPTION FROM APPLICATION FEE this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address	s of this exempt instit	cution in Section 1.
SECTION 6 EXE	MPTION FROM APPLICATION FEE It this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address The undersigned hereby certifies that the applicant named hereon is a fand is exempt from payment of the application fee.	s of this exempt instit	overnment official or institution,
SECTION 6 EXE Check Business FEE EXEMPT	MPTION FROM APPLICATION FEE this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address	s of this exempt instit	overnment official or institution,
SECTION 6 EXE Check Business FEE EXEMPT CERTIFIER	MPTION FROM APPLICATION FEE It this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address The undersigned hereby certifies that the applicant named hereon is a fand is exempt from payment of the application fee.	s of this exempt institution of the second s	overnment official or institution,
SECTION 6 EXE Check Business FEE EXEMPT CERTIFIER Provide the name and phone number of the	MPTION FROM APPLICATION FEE It this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address The undersigned hereby certifies that the applicant named hereon is a fand 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	s of this exempt institution of the second s	ephone No. (required for verification)
SECTION 6 EXE Check Business FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official	MPTION FROM APPLICATION FEE It this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address. The undersigned hereby certifies that the applicant named hereon is a fand 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.	s of this exempt institution of the second s	overnment official or institution,
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of	MPTION FROM APPLICATION FEE It this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address The undersigned hereby certifies that the applicant named hereon is a fand 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	s of this exempt institution of the second s	ephone 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	MPTION FROM APPLICATION FEE It this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address The undersigned hereby certifies that the applicant named hereon is a fand 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	ederal, state or local g	ephone No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR P.O. Box 2639
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of	MPTION FROM APPLICATION FEE It this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address The undersigned hereby certifies that the applicant named hereon is a fand 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	ederal, state or local g	ephone No. (required for verification) Mail this form with payment to: DEA Headquarters ATTN: Registration Section/ODR
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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	MPTION FROM APPLICATION FEE It this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address The undersigned hereby certifies that the applicant named hereon is a fand 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	MM - DD - YYYY Ignate twer been convicted of a crime in connection with controlled substance(s) under state or federal law, led or directed to be excluded from participation in a medicare or state health care program, or is any such different participation in a medicare or state health care program, or is any such different participation in a medicare or state health care program, or is any such different participation in a medicare or state health care program, or is any such different participation in a medicare or state health care program, or is any such different participation in a medicare or state health care program, or is any such action pending? YES NO and ever surrendered (for cause) or had a state professional license or controlled substance registration ended, denied, estincted, or placed on probation, or is any such action pending? YES NO cannot ever surrendered (for cause) or had a state professional license or controlled substance registration ended, denied, restricted, or propretion to save such action pending? YES NO cannot ever surrendered (for cause) or had a state professional license or controlled substance registration ended, denied, restricted or probation, or is any such action pending? YES NO cannot ever surrendered (for cause) or had a state professional license or controlled substance registration ended, denied, restricted or placed on probation, or is any such action pending? YES NO cannot ever surrendered (for cause) or had a state professional license or controlled substance registration ended, denied, restricted or placed on probation, or is any such action pending? YES NO cannot ever surrendered (for cause) or had a state professional license or controlled substance registration ended, denied, ended, ended, ended, ended, ended, ended, ended, ended, en	
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	MPTION FROM APPLICATION FEE It this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address The undersigned hereby certifies that the applicant named hereon is a fand 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 Signature of Card Holder Printed Name of Card Holder	ederal, state or local grade Telescope	ephone 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	MPTION FROM APPLICATION FEE It this box if the applicant is a federal, state, or local government official or it or Facility Name of Fee Exempt Institution. Be sure to enter the address The undersigned hereby certifies that the applicant named hereon is a fand 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 Signature of Card Holder Printed Name of Card Holder	ederal, state or local grade Telescope	ephone 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 IS NON-REFUNDABLE

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.

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STATE LICENSE(S)	in the schedules for which yo	u are applying under the	ne laws of the sta	te or jurisdiction	on in which you	are operating or propos	se to operate.
MANDATORY	State License Number					Expiration /	1
Be sure to include both		What state was this lid	cense issued in?				O - YYYY
state license numbers	State Controlled Substance					Franciscotica	
	License Number					Expiration / Date	/ D - YYYY
		What state was this lice	cense issued in?			IVIIVI - DE	J- 1111
SECTION 5							YES NO
LIABILITY or ac	as the applicant ever been con been excluded or directed to be tion pending?	e excluded from partic	onnection with co sipation in a medi	introlled substa care or state h	ance(s) under s ealth care prog	tate or federal law, ram,or is any such	
IMPORTANT 2. Ha	ate(s) of incident MM-DD-YYY` as the applicant ever surrender	red (for cause) or had a	a federal controlle	ed substance r	egistration revo	oked, suspended,	YES NO
this section must	stricted, or denied, or is any su ate(s) of incident MM-DD-YYY						
50 4.10110104.	as the applicant ever surrender voked, suspended, denied, res		state profession	nal license or c	ontrolled subst	ance registration	YES NO
	ate(s) of incident MM-DD-YYY		obation, or is any	/ Such action p	ending?		YES NO
4. If the part of	he applicant is a corporation rtnership, or pharmacy, has ar ntrolled substance(s) under st gistration revoked, suspended gistration revoked, suspended	(other than a corporating officer, partner, stockate or federal law, or exprised, denied, or or denied, restricted or p	on whose stock is kholder, or proprie yer surrendered, i ever had a state laced on probation	s owned and tretor been converted to be conver	aded by the puricted of a crin ad a federal contents or controch action pend	blic), association, ne in connection with introlled substance lled substance ing?	
Da	ate(s) of incident MM-DD-YYY	Y:	\\ \text{It}	lote: If question will slow down	n 4 does not a	oply to you, be sure to n your application if you l	nark 'NO'. leave <u>it blank</u> .
EXPLANATION OF "YES" ANSWERS	Liability question #	Location(s) of i	ncident:				_
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			<u>*</u>			
	this box if the applicant is a fed r Facility Name of Fee Exemp				,	•	nstitutions.
Dusilless	Tracinty Name of Fee Exemp	i iistitutoii. Be sure ti	o enter the addi-	ess of this ex	empt metitutio	in in Section 1.	
	The undersigned hereby cert and is exempt from payment	ifies that the applicant	named hereon is	a federal, state	e or local gover	nment official or institut	ion,
FEE EXEMPT	and is exempt from payment	of the application fee.			· ·		·
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 o	f certifying official			Telepho	one No. (required for verifi	cation)
SECTION 7	Check Make check pays See page 4 of in	able to: Drug Enforceme structions for important inf	nt Administration ormation.			Mail this form with pa	avment to:
METHOD OF PAYMENT	American Express	Discover Master	Card Visa			,	.ymone to.
Check one form of payment only	Credit Card Number			Expiration	Date	DEA Headquarter ATTN: Registration 9 P.O. Box 2639 Springfield, VA 2215	
Sign if paying by credit card	Signature of Card Holder					FEE IS NON-REFU	NDABLE
	Printed Name of Card Holder						
SECTION 8 APPLICANT'S	I certify that the foregoing info	ormation furnished on t	his application is	true and corre	ct.		
SIGNATURE	Signature of applicant (sig	n in ink)			Dat	e	
Sign in ink		•					

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.

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SECTION 4 STATE LICENSE	You MUST be currently authorized to in the schedules for which you are ap	prescribe, distribute, dispense, of plying under the laws of the state	onduct research, or on the conduct research, or one or jurisdiction in wh	otherwise iich you a	e handle the are operating	controlled subst g or propose to o	ances perate.
MANDATORY	State License Number						
	What state was this license issued in	?					
Expiration	Date / / — MM - DD - YYYY	_					
SECTION 5							NO
LIABILITY	Has the applicant ever been convicted or been excluded or directed to be excluded action pending?	of a crime in connection with conded from participation in a medical	trolled substance(s) are or state health ca	under sta ire progra	ate or federa am,or is any	such	
IMPORTANT	Date(s) of incident MM-DD-YYYY:						NO
All questions in this section must	Has the applicant ever surrendered (for c restricted, or denied, or is any such action)	ause) or had a federal controlled n pending?	substance registrati	ion revok	ed, suspend	ded,	
be answered.	Date(s) of incident MM-DD-YYYY:		l liaanaa an ayataalla	al a la a é a			NO
	Has the applicant ever surrendered (for crevoked, suspended, denied, restricted, compared to the surrendered of the surren	ause) or had a state professional properties on a state professional probation, or is any	such action pending?	d substar	nce registrat	lon	Ш
	Date(s) of incident MM-DD-YYYY:	an a cornoration whose stock is	owned and traded by	the nub	lic) associa		NO
	 If the applicant is a corporation (other th partnership, or pharmacy, has any officer controlled substance(s) under state or fer registration revoked, suspended, restricts registration revoked, suspended, denied, 	, partner, stockholder, or propriet deral law, or ever surrendered, for ed, denied, or ever had a state prestricted or placed on probation	or been convicted or cause, or had a fector of the convicted or cause, or had a fector of the convicted or cause, or is any such action.	f a crime leral con controller on pendin	in connecti trolled subset ed substance	on with tance e	П
	Date(s) of incident MM-DD-YYYY:	No	te: If question 4 doe	s not ann	alv to you b	e sure to mark 'N	IO'. t blank.
EXPLANATION O							
Applicants who ha answered "YES" to	re	eccation(s) of incident.					
any of the four que above must provi	stions						
a statement to ex each "YES" answ							
Use this space or a separate sheet a return with applica	nd Disposition of incident:						
	EXEMPTION FROM APPLICATION FEE						
	heck this box if the applicant is a federal, sta	ite, or local government official of	institution. Does no	t apply to	contractor-	operated instituti	ions.
Busir	ess or Facility Name of Fee Exempt Instituti	on. Be sure to enter the addre	ss of this exempt in	stitution	in Section	1.	
	The undersigned hereby certifies that and is exempt from payment of the a	the applicant named hereon is a oplication fee.	federal, state or loca	al govern	ment officia	I or institution,	
FEE EXEMPT CERTIFIER		Provide the second		Data			_
Provide the name	Signature of certifying official (other than	ian applicant)		Date			
phone number of t certifying official	Print or type name and title of certifying	ne No. (requi	red for verification)				
SECTION 7	Make check payable to: Check See page 4 of instructions	Orug Enforcement Administration					
METHOD OF PAYMENT					Mail this f	orm with paymer	it to:
Check one form of	American Express Discover Credit Card Number	Master Card Visa	Expiration Date		DEA Head	•	
payment only	Credit Gard Number		Expiration bate	$\neg \bot$	P.O. Box 2	egistration Section 1639	n/ODR
				-	Springfield	I, VA 22152-263	9
Sign if paying by	Signature of Card Holder				FEE IS N	ON-REFUNDAB	ILE
credit card	orginature of Gard Florider						
	Printed Name of Card Holder						
SECTION 8	I certify that the foregoing information	furnished on this application is t	rue and correct.				
APPLICANT'S SIGNATURE	Signature of applicant (sign in ink)		Date			-
Sign in ink							
	Print or type name and title of applica	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.

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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