

FORM DHHS 225

**Application for Registration**  
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  
Division of Mental Health/DD/SA Services  
Drug Control Unit  
3008 Mail Service Center  
Raleigh, North Carolina 27699-3008  
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
  - Schedule IIN
  - Schedule III
  - Schedule IIIN
  - Schedule IV
  - Schedule V
  - Schedule VI
- Narcotic Non-narcotic Narcotic Non-narcotic

**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	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Distributor – Schedule I	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Researcher – Schedule I, II, III, IV, V and VI	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Manufacturer – Schedule I, II, III, IIIN	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

**AUTHORIZED INDIVIDUAL**

\_\_\_\_\_

Date

\_\_\_\_\_

Print or Type Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Official Title