

# ARCOS PARTICIPANT INFORMATION UPDATE



REGISTRATION #: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

INFORMATION UPDATED:

\_\_\_\_\_ CONTACT INFORMATION (*PART A*) \_\_\_\_\_ REPORTING STATUS (*PART B*)

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*PART A:*

CONTACT NAME: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

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*PART B:*

REPORTING FREQUENCY: \_\_\_ QUARTERLY \_\_\_ MONTHLY

REPORTING STATUS: \_\_\_ SINGLE REPORTER \_\_\_ CENTRAL REPORTING (**see below**)

**NOTE:** THIS FORM ALONE IS NOT INTENDED TO ACT AS A REQUEST FOR CENTRAL REPORTING STATUS. TO OBTAIN CENTRAL REPORTING STATUS, THE CENTRAL REPORTING LOCATION MUST SUBMIT A WRITTEN REQUEST TO THE ARCOS UNIT, LISTING ALL SUBSIDIARY REGISTRATION NUMBERS TO BE INCLUDED. UPON RECEIPT OF THIS WRITTEN REQUEST, THE ARCOS UNIT WILL DETERMINE CENTRAL REPORTING ELIGIBILITY ON A CASE BY CASE BASIS, AND THE CENTRAL REPORTING LOCATION WILL BE NOTIFIED.

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**\*\*BY SIGNING BELOW, YOU ARE AUTHORIZING MEMBERS OF THE ARCOS UNIT OF THE U.S. DRUG ENFORCEMENT ADMINISTRATION TO UPDATE INFORMATION THAT AFFECTS A REGISTRANT'S COMPLIANCE WITH ARCOS REPORTING REQUIREMENTS UNDER 21 CFR § 1304.33; PLEASE ENSURE THIS INFORMATION IS ACCURATE, AND ALL AFFECTED PARTIES ARE NOTIFIED OF THESE CHANGES\*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Additional Information/Comments:

ARCOS HELP DESK TELEPHONE NUMBER: 1-800-882-9539

FAX NUMBER: 202-307-8612