

APPLICATION FOR REGISTRATION
Under the Controlled Substances Act

INSTRUCTIONS

Save time - apply on-line at www.deadiversion.usdoj.gov

- 1. To apply by mail complete this application. Keep a copy for your records.
2. Mail this form to the address provided in Section 7 or use enclosed envelope.
3. The "MAIL-TO ADDRESS" can be different than your "PLACE OF BUSINESS" address.
4. If you have any questions call 800-882-9539 prior to submitting your application.

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ON-LINE.

DEA OFFICIAL USE :

Grid for DEA Official Use

Do you have other DEA registration numbers?

NO YES checkboxes

MAIL-TO ADDRESS

Please print mailing address changes to the right of the address in this box.

FEE FOR ONE (1) YEAR - see Section 2
FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

Name 1 (Business or Facility Name)

Name 1 input field

Name 2 (Continuation of business name)

Name 2 input field

PLACE OF BUSINESS Street Address Line 1

Street Address Line 1 input field

PLACE OF BUSINESS Address Line 2

Address Line 2 input field

City

City input field

State

Zip Code

State and Zip Code input fields

Business Phone Number

Business Phone Number input field

Point of Contact

Point of Contact input field

Cell Phone Number

Cell Phone Number input field

Email Address

Email Address input field

DEBT COLLECTION INFORMATION

Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number

Tax Identification Number input field

See additional information note #3 on page 4.

SECTION 2

BUSINESS ACTIVITY

- Chemical Distributor.....fee for one year is \$1850
Chemical Importer.....fee for one year is \$1850

Check one business activity box only

- Chemical Exporter.....fee for one year is \$1850
Chemical Manufacturer.....fee for one year is \$3699

SECTION 3

SCHEDULES

- List 1 chemicals

Enter specific codes on page 2.

**C.  
CHEMICAL  
CODES**

Listed below are List 1 chemical codes. Check all the chemical codes you handle, and mark if it is bulk or dosage form. For more information, see our web site at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov), 21 CFR 1308, or call **1-800-882-9539**

*If you bulk manufacture a chemical, check the 'BULK?' column after the applicable class code.  
If you manufacture the dosage form of a chemical, check the 'DOSAGE?' column after the applicable code.*

LIST 1 CHEMICAL NAME	CODE	BULK?	DOSAGE?
<input type="checkbox"/> 3,4-Methylenedioxyphenyl-2-Propanone	8502	_____	_____
<input type="checkbox"/> Anthranilic Acid	8530	_____	_____
<input type="checkbox"/> Benzaldehyde	8256	_____	_____
<input type="checkbox"/> Benzyl Cyanide	8735	_____	_____
<input type="checkbox"/> Ephedrine	8113	_____	_____
<input type="checkbox"/> Ergonovine	8675	_____	_____
<input type="checkbox"/> Ergotamine	8676	_____	_____
<input type="checkbox"/> Ethylamine	8678	_____	_____
<input type="checkbox"/> Gamma Butyrolactone (GBL)	2011	_____	_____
<input type="checkbox"/> Hydriodic Acid	6695	_____	_____
<input type="checkbox"/> Hypophosphorous Acid and Salts	6797	_____	_____
<input type="checkbox"/> Iodine	6699	_____	_____
<input type="checkbox"/> Isosafrole	8704	_____	_____
<input type="checkbox"/> Methylamine	8520	_____	_____
<input type="checkbox"/> N-Acetylanthranilic Acid	8522	_____	_____
<input type="checkbox"/> N-Methylephedrine	8115	_____	_____
<input type="checkbox"/> N-Methylpseudoephedrine	8119	_____	_____
<input type="checkbox"/> N-Phenethyl-4-Piperidone	8332	_____	_____
<input type="checkbox"/> Nitroethane	6724	_____	_____
<input type="checkbox"/> Norpseudoephedrine	8317	_____	_____
<input type="checkbox"/> Phenylacetic Acid	8791	_____	_____
<input type="checkbox"/> Phenylpropanolamine	1225	_____	_____
<input type="checkbox"/> Piperidine	2704	_____	_____
<input type="checkbox"/> Piperonal	8750	_____	_____
<input type="checkbox"/> Propionic Anhydride	8328	_____	_____
<input type="checkbox"/> Pseudoephedrine	8112	_____	_____
<input type="checkbox"/> Red Phosphorus	6795	_____	_____
<input type="checkbox"/> Safrole	8323	_____	_____
<input type="checkbox"/> White Phosphorus	6796	_____	_____

WRITE IN ADDITIONAL CODES You may write in additional chemical codes in this section. Attach a separate sheet if needed.

**SECTION 4**

Enter your state license information if you are currently authorized to manufacture, distribute, import, or export the listed chemicals for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate.

**STATE LICENSE**

**NOT REQUIRED**  
by this state

State License Number

\_\_\_\_\_

What state issued this license ? \_\_\_\_\_

Expiration Date

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM - DD - YYYY

**SECTION 5**

**LIABILITY**

1. Has the applicant ever been **convicted of a crime** in connection with listed chemical(s) under state or federal law, or is any such action pending?

YES NO

Date(s) of incident MM-DD-YYYY: \_\_\_\_\_

2. Has the applicant ever surrendered (for cause) or had a **federal** registration revoked, suspended, restricted, or denied, or is any such action pending?

YES NO

Date(s) of incident MM-DD-YYYY: \_\_\_\_\_

3. Has the applicant ever surrendered (for cause) or had a **state** professional license or registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?

YES NO

Date(s) of incident MM-DD-YYYY: \_\_\_\_\_

4. If the applicant is a **corporation** (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been **convicted of a crime** in connection with listed chemical(s) under state or federal law, or ever surrendered, for cause, or had a **federal** listed chemical/controlled registration revoked, suspended, restricted, denied, or ever had a **state** professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation, or is any such action pending?

YES NO

Date(s) of incident MM-DD-YYYY: \_\_\_\_\_

*Note: If question 4 does not apply to you, be sure to mark 'NO'. It will slow down processing of your application if you leave it blank.*

**EXPLANATION OF "YES" ANSWERS**

Liability question # \_\_\_\_\_

Location(s) of incident: \_\_\_\_\_

Nature of incident:

Applicants who have answered "YES" to any of the four questions 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:

**SECTION 6 EXEMPTION FROM APPLICATION FEE**

Check this box if the applicant is a federal, state, or local government official or institution. Does not apply to contractor-operated institutions.

Business or Facility Name of Fee Exempt Institution. **Be sure to enter the address of this exempt institution in Section 1.**

\_\_\_\_\_

The undersigned hereby certifies that the applicant named hereon is a federal, state or local government official or institution, and is exempt from payment of the application fee.

**FEE EXEMPT 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 of certifying official

Telephone No. (required for verification)

**SECTION 7**

**METHOD OF PAYMENT**

Check Make check payable to: **Drug Enforcement Administration**  
See page 4 of instructions for important information.

American Express  Discover  Master Card  Visa

Check one form of payment only

Credit Card Number

Expiration Date

\_\_\_\_\_

\_\_\_\_-\_\_\_\_

Sign if paying by credit card

Signature of Card Holder

Printed Name of Card Holder

*Mail this form with payment to:*

DEA Headquarters  
ATTN: Registration Section/ODR  
P.O. Box 2639  
Springfield, VA 22152-2639

**FEE IS NON-REFUNDABLE**

**SECTION 8**

**APPLICANT'S SIGNATURE**

I certify that the foregoing information furnished on this application is true and correct.

Sign in ink

Signature of applicant (sign in ink)

Date

Print or type name and title of applicant

**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.**

**SECTION 1. APPLICANT IDENTIFICATION** - Information must be typed or printed in the blocks provided to help reduce data entry errors. 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 fee exempt institution. Applicant must enter a valid tax identification number (TIN).

**Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.**

**SECTION 2. BUSINESS ACTIVITY** - Indicate only one. Each type of business activity requires a separate application. If you are registered with DEA to manufacture, import, export, or distribute/dispense controlled substances, you do not have to register for the same activities with drug products that contain List 1 chemicals.

- You are required to register as a "manufacturer" if you manufacture a List 1 chemical and then distribute it. You do not have to register if you manufacture a List 1 chemical for internal consumption with no subsequent distribution of it.
- Registration as an importer conveys distribution privileges only for those List 1 chemicals imported.

**SECTION 3A. SCHEDULES** - Applicant is registering for List 1 chemicals on this application. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions.

**3B. MANUFACTURER ONLY** - Mark the appropriate box to indicate if you are manufacturing List 1 chemicals in bulk or dosage form.

**3C. CHEMICAL CODES** - Applicant must check all List 1 chemicals to be handled and indicate if the chemical is in bulk or dosage form.

**SECTION 4. 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 license, provide that information and attach a copy to this application. IF YOUR STATE DOES NOT REQUIRE A LICENSE, MARK AN 'X' IN THE BOX TO INDICATE IT IS NOT REQUIRED BY YOUR STATE.

**SECTION 5. LIABILITY** - Applicant 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 additional space is required, you may attach a separate page.

**SECTION 6. 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 7. 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 8. APPLICANT'S SIGNATURE** - Applicant MUST sign in this section or application will be returned. Card holder signature in section 7 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 within 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 more two 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 principal 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