APPENDIX B

Questions and Answers

The following questions are those that are frequently encountered by DEA's Office of Diversion Control and its field units. These questions and their accompanying answers are provided in context of the CSA and its federal regulations.

Q Are separate registrations required for separate locations?

A A separate registration is required for each principal place of business or professional practice where controlled substances are stored or dispensed by a person.

Q Does a practitioner need a separate registration to treat patients at remote health care facilities?

A Separate registration is not required in an office used by a practitioner (who is registered at another location) where controlled substances are prescribed but neither administered nor otherwise dispensed as a regular part of the professional practice of the practitioner at such office, and where no supplies of controlled substances are maintained.

Q Do all practitioners in a group practice need to be registered?

An individual practitioner who is an agent or employee of another practitioner (other than a mid-level practitioner) registered to dispense controlled substances may, when acting in the normal course of business or employment, administer or dispense (other than by issuance of prescription) controlled substances if and to the extent that such individual practitioner is authorized or permitted to do so by the jurisdiction in which he or she practices, under the registration of the employer or principal practitioner in lieu of being registered him/herself.

Q Do medical residents assigned to hospitals need to register?

A An individual practitioner who is an agent or employee of a hospital or other institution may, when acting in the normal course of business or employment, administer, dispense, or prescribe controlled substances under the registration of the hospital or other institution which is registered in lieu of being registered provided that additional requirements as set forth in the CFR are met.

Q Are military personnel exempted from registration?

A Registration is waived for any official of the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard who is authorized to prescribe, dispense, or administer, but not procure or purchase, controlled substances in the course of his/her official duties. Such officials must follow procedures set forth in 21 CFR Part 1306 regarding prescriptions. Branch of service or agency and the service identification number of the issuing official is required on the prescription form in lieu of the DEA registration number.

If any exempted official engages as a private individual in any activity or group of activities for which registration is required, that individual must obtain a registration for those private activities.

Further, practitioners serving in the U.S. Military are exempt from registering with DEA, but are not authorized to procure or purchase controlled substances in the course of their official duties.

A number of states also require military practitioners to acquire a separate state license if they issue prescriptions that are filled outside the military facility where they practice.

Q Are contract practitioners working at U.S. Military Installations also exempt from registration?

A They are not exempt. A contract practitioner who is not an official of the military on active duty, but is engaged in medical practice at a military installation, must possess a current DEA registration. The individual must also possess a valid state license for the same state in which he/she is registered with DEA.

Q What should a practitioner do if he/she discovers a theft or loss?

A Registrants must notify the DEA field office in their area of the theft or significant loss of any controlled substances upon discovery. The registrant must also complete DEA Form 106 documenting the loss or theft.

Q What is meant by "acceptable medical practice?"

A The legal standard that a controlled substance may only be prescribed, administered, or dispensed for a legitimate medical purpose by a physician acting in the usual course of professional practice has been construed to mean that the prescription must be "in accordance with a standard of medical practice generally recognized and accepted in the United States."

Federal courts have long recognized that it is not possible to expand on the phrase "legitimate medical purpose in the usual course of professional practice" in a way that will provide definitive guidelines to address all the varied situations physicians may encounter.

While there are no criteria to address every conceivable instance of prescribing, there are recurring patterns that may be indicative of inappropriate prescribing:

- An inordinately large quantity of controlled substances prescribed or large numbers of prescriptions issued compared to other physicians in an area;
- · No physical examination was given;
- Warnings to the patient to fill prescriptions at different drug stores;
- Issuing prescriptions knowing that the patient was delivering the drugs to others;
- Issuing prescriptions in exchange for sexual favors or for money:
- Prescribing of controlled drugs at intervals inconsistent with legitimate medical treatment;
- The use of street slang rather than medical terminology for the drugs prescribed; or
- No logical relationship between the drugs prescribed and treatment of the condition allegedly existing.

Each case must be evaluated based on its own merits in view of the totality of circumstances particular to the physician and patient.

For example, what constitutes "an inordinately large quantity of controlled substances," can vary greatly from patient to patient. A particular quantity of a powerful Schedule II opioid might be blatantly excessive for the treatment of a particular patient's mild temporary pain, yet insufficient to treat the severe unremitting pain of a cancer patient.

Q What information is required to be provided on a written prescription?

A All written prescriptions for controlled substances must be dated as of, and signed on, the date when issued. Each prescription must indicate the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed,

directions for use and the name, address, and DEA number of the practitioner. Further, prescriptions must be written in ink, indelible pencil, or by typewriter, and must be manually signed by the practitioner.

Q What is meant by "date of issuance?"

A The date a prescription is issued is the same date that the prescribing practitioner actually writes and signs the prescription.

Q Is there a time limit for filling Schedule II prescriptions?

A There is no federal time limit for filling Schedule II prescriptions. However, some state laws do set time limits.

APPENDIX C

Summary of Controlled Substances Act Requirements

	Schedule II	Schedule III & IV	Schedule V
Registration	Required	Required	Required
Receiving Records	Order Forms (DEA Form-222)	Invoices, Readily Retrievable	Invoices, Readily Retrievable
Prescriptions	Written Prescription (See exceptions*)	Written, Oral, or Fax	Written, Oral, Fax, or Over The Counter**
Refills	No	No more than 5 within 6 months	As authorized when prescription is issued
Distribution Between Registrants	Order Forms (DEA Form-222)	Invoices	Invoices
Security	Locked Cabinet or Other Secure Storage	Locked Cabinet or Other Secure Storage	Locked Cabinet or Other Secure Storage
Theft or Significant Loss	Report and complete DEA Form 106	Report and complete DEA Form 106	Report and complete DEA Form 106

Note: All records must be maintained for 2 years, unless a state requires a longer period.

^{*} Emergency prescriptions require a signed follow-up prescription.
Exceptions: A facsimile prescription serves as the original prescription when issued to residents of Long Term Care Facilities, Hospice patients, or compounded IV narcotic medications.

^{**} Where authorized by state controlled substances authority.

APPENDIX D

Internet Resources

<u>DEA's Diversion Control Program Website</u> www.DEAdiversion.usdoj.gov

DEA Homepage www.dea.gov

U.S. Government Printing Office

www.gpoaccess.gov/cfr/index.html

Provides access to the Code of Federal Regulations (21 CFR, Parts 1300 to end), primary source for the Practitioner's Manual, and the Federal Register which contains proposed and finalized amendments to the CFR.

Office of National Drug Control Policy (ONDCP)

www.whitehousedrugpolicy.gov

Food and Drug Administration

www.FDA.gov

HHS & SAMHSA's National Clearinghouse for Alcohol and Drug Information

www.health.org

SAMHSA/CSAT

www.csat.samhsa.gov

Federation of State Medical Boards

www.FSMB.org

National Association of Boards of Pharmacy

www.nabp.net

National Association of State Controlled Substances Authorities www.nascsa.org

APPENDIX E

Drug Enforcement Administration Diversion Field Office Locations

For address and telephone number updates, please see the DEA website: https://www.deadiversion.usdoj.gov/contactDea/spring/fullSearch

Appendix E pages 34-39 of this manual contained outdated Field Office Information and therefore have been removed. Please refer to the above link for current Diversion Field Office Locations.

APPENDIX F

Small Business and Agriculture Regulatory Enforcement Ombudsman

The Small Business and Agriculture Regulatory Enforcement Ombudsman and 10 Regional Fairness Boards were established to receive comments from small businesses about federal agency enforcement actions. The Ombudsman will annually evaluate the enforcement activities and rate each agency's responsiveness to small business. If you wish to comment on DEA enforcement actions, you may contact the Ombudsman at 1-888-REG-FAIR (1-888-734-3247).

APPENDIX G

Additional Assistance

This publication is intended to provide guidance and information on the requirements of the Controlled Substances Act and its implementing regulations. If you require additional clarification or assistance, or wish to comment on any matter regarding the DEA's requirements or regulatory activities, please contact your local DEA Diversion field office (see Appendix E). Every effort will be made to respond promptly to your inquiry.

Plain Language

The Drug Enforcement Administration has made every effort to write this manual in clear, plain language. If you have suggestions as to how to improve the clarity of this manual, please contact us at:

DEA Office of Diversion Control Attn: Liaison and Policy Section 8701 Morrissette Drive Springfield, VA 20537 Telephone: (202) 307-7297

APPENDIX H – DEA FORMS

The following pages provide samples of several forms frequently encountered by DEA registrants. Included are:

DEA Form 41	Registrants	Inventory of	Drugs	Surrendered
--------------------	-------------	--------------	-------	-------------

DEA Form 106 Report of Theft or Loss of Controlled Substances

DEA Form 222 U.S. Official Order Form for Controlled Substances

DEA Form 224 Application for Registration

DEA Form 224a Renewal Application for DEA Registration

DEA Form 363 Application for Registration as a Narcotic Treatment Program

DEA Form 363a Renewal Application for DEA Registration as a Narcotic Treatment Program

OMB Approval No. 1117 - 0007	U. S. Department of Justice / Drug REGISTRANTS INVENTORY (NDERE		KAGE NO	
The follow for proper	ring schedule is an inventory of control disposition.	led substance	es which i	s hereby	y surrendered	to you	
FROM: (Include Name,	Street, City, State and ZiP Code in space provided by	elow.)					
			[Signature o	fapplicant or author	orized ager	r.
Γ		٦					
			1	legistrant i	s DEA Number		
L		J	ŀ	legistrants	s Telephone Numbe	or	
NOTE: CERTIFIED MA	IL (Return Receipt Requested) IS REQUIRED FOR U.S. POSTAL SERVICE. See instructions on reven	SHIPMENTS se (page 2) of form	n.				
N	AME OF DRUG OR PREPARATION	Number of	CONTENTS (Number of grams, tablets,		FOR DE	A USE O	NLY
		Containers	ounces or other units per con-	Con- tent, (Each	DISPOSITION	QUA	YTITY
Regis	tants will fill in Columns 1.2.3, and 4 ONLY		tainer)	Unit		GMS.	MGS
1	85	2	3	4	5	8	7
2				J			
3							
4							
5							
6							
7							
8	tome and the second second second second						
9							
0							
1							
2				\vdash			
3							
4							
5				+			
CON CEAN (SAT)							

taines differ units per container) Hegistrants will fill in Columns 1.2.3, and 4 ONLY. OUANTITY GMS. MG		NAME OF DRUG OR PREPARATION	Number of Con-	CONTENTS (Number of grams, tablets,	Con- trolled Sub- stance	FOR DEA	USE O	NLY
The controlled substances surrendered in accordance with Tide 21 of the Code of Federal Regulations, Section 1307.21, have been received inpackages purporting to contain the drugs listed on this inventory and have been: " (1) Forwarded tape-scaled without opening; (2) Destroyed as indicated and the remainder forwarded tape-scaled after verifying contents. DATE						DISPOSITION	QUA	NTITY
8 9 10 11 12 13 14 The controlled substances surrendered in accordance with Tisle 21 of the Code of Federal Regulations, Section 1307.21, have been received inpackages purporting to contain the drups listed on this inventory and have been: " (1) Forwarded tape-scaled without opening; (2) Destroyed as indicated and the remainder forwarded tape-scaled after verifying contents. DATE		Registrants will fill in Columns 1,2,3, and 4 ONLY.		tainer)	Unit		GMS.	MGS
8 9 0 1 2 3 The controlled substances surrendered in accordance with Tide 21 of the Code of Federal Regulations, Section 1307 21, have been received in packages purporting to contain the drugs listed on this inventory and have been: "(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents. DATE DESTROYED BY:	7	1	2	,	4	5	6	7
The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307 21, have been received in								
The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in packages purporting to contain the drugs listed on this inventory and have been: " (1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the semander forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents. DATE DESTROYED BY:	-							
The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in								
The controlled substances surrendered in accordance with Tide 21 of the Code of Federal Regulations, Section 1307.21, have been received inpackages purporting to contain the drugs listed on this inventory and have been: " (1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents. DATE	0		-					
The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received inpackages purporting to contain the drugs listed on this invertory and have been: "(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents. DATE	1							
The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received inpackages purporting to contain the drugs listed on this inventory and have been: "1(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents. DESTROYED BY:	2							
The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received inpackages purporting to contain the drugs listed on this inventory and have been: "*(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the semainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents. DATE	3					탈		
The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in								
			ave been: "	" (1) Forwarde		saled without openin	q:	
	(2) De	retroyed as indicated and the remainder forwarded tape sealed after verifying the sealed after verifyi	g contents; YED BY:	" (1) Forwarde (3) Forwarded	tape-seal	sled without openin ed after verifying co	g: ntents.	_
 List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3, e.g., morphine sulfate table, 3 pkgs. 100 table, 1/4 gr. (16 mg.) or morphine sulfate table, 1 pkg. 63 table, 1/2 gr. (31mg.), etc. 	DA S	DESTRO TE	YED BY: SED BY: TONS	" (1) Forwarded) Forwarded container in co	tape-seal	aled without openin ed after verifying co	g: ntents.	
 List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3, e.g., morphine sulfate tabe, 3 phrs., 100 tabe, 1/4 gr. (16 mg.) or morphine 	DA S	DESTRO TE DESTRO The DESTRO	YED BY: SED BY: TIONS a size of each sulfate tabe.	" (1) Forwarded) Forwarded a containst in co	lama 3, a	aled without openin ed after verifying co	g: ntents.	
 List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3, e.g., morphine sulfate tabe., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc. 	DA Si	DESTRO The same of the drug in column 1, the number of containers in column 2, the controlled substance content of each unit described in column 3, e.g., morphine sulfate tabs., 1 pkg., 63 tabs., 1/2 gr. (32mg.), etc. All packages included on a single line should be identical in name, content and Pragarse this form in quadruplicate. Mail two (2) copies of this form to the Speccopy in the shipment with the drugs. Retain one copy for your records. One contraction to you unless specifically requested. Any further impuries concerning	yeb been: 'g contents; g YED 5Y. SED BY: TONS a size of each sulfate table.	(i) Forwarded container in co	bann 3, a	aled without opening and in column 4 that (16 mg.) or morphing	g: ntents.	
 List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3, e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32mg.), etc. All packages included on a single line should be identical in name, content and controlled substance strength. Prepare this form in quadruplicate. Mail two (1) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically regenered. Any further inquiries concerning the drugs should be addressed to the DEA Directly Office which 	DA SI	DESTRO The series of the drug in column 1, the number of containers in column 2, the controlled substance content of each unit described in column 3, e.g., morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32mg.), etc. All packages included on a single line should be identical in name, content and Prepare this form in quadruplicate. Mail two (2) copies of this form to the Speccopy in the chipment with the drugs. Retain one copy for your records. One confirmatical to you unless specifically requested. Any further inquiries concerning serves your area. There is no provision for payment for drugs surrendered. This is merely a servi-	yED BY: YED BY: TONS a size of each sulfate tabe, a controlled su ital Agent in a controlled sulfate tabe, a controlled sulfate table, a controlled sulfat	" (1) Forwarded) Forwarded container in co page, 100 tal betance strangth charge, under se should be addre	lumn 3, a so., 1/4 gr.	aled without opening and in column 4 the (16 mg.) or morphism or Enclose one addition to further receipt with DEA District Office	g: nterts.	_

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.
ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of usess for the purposes stated.
A. Other Federal has enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, FOI and Records Management Section, Washington, D.C. 2053?; and to the Office of Management and Budget, Paperwork Reduction Pioject no. 1117-0007, Washington, D.C. 20503.



FORM DEA - 106 (11-00) Previous editions obsolete

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug OMB APPROVAL Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report. No. 1117-0001 1. Name and Address of Registrant (include ZIP Code) 2. Phone No. (Include Area Code) ZIP CODE 3. DEA Registration Number 4. Date of Theft or Loss 5. Principal Business of Registrant (Check one) 5 Distributor
6 Methadone Program Pharmacy 2 Practitioner 3 Manufacturer 7 Other (Specify) 4 Hospital/Clinis 6. County in which Registrant is located Name and Telephone Number of Police Department (Include Area Code) to Police? Yes No 9. Number of Thefts or Losses Registrant has experienced in the past 24 months 10. Type of Thelt or Loss (Check one and complete items below as appropriate) 1 Night break in 3 Employee pilferage 5 Other (Explain) 2 Armed robbery 4 Customer theft 6 Lost in transit (Complete Item 14) 11. If Armed Robbery, was anyone: Were any pharmaceuticals or merchandise taken? 12. Purchase value to registrant or Controlled Substances taken? No Yes (Est. Value) Killed? No Yes (How many) Injured? No Yes (How marry) \$ 14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING: A Name of Common Carrier B. Name of Consignee C. Consignee's DEA Registration Number D. Was the carton received by the customer? E. If received, did it appear to be tampered with? Have you experienced losses in transit from this same carrier in the past? Yes ☐ No ☐ Yes ☐ No ☐ No Yes (How Many) ___ 15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products? 16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers. 17. What security measures have been taken to prevent future thefts or losses? PRIVACY ACT INFORMATION In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a ly AUTHCRITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513). PURPOSE: Report theft or loss of Controlled Substances. ROUTINE USES: The Controlled Substances Act authorizes the production of valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the A. Other Federal law enforcement and regulatory agencies for law enforcement B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes. EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

CONTINUE ON REVERSE

FORM DEA-106 (Nov. 2000) Pg. 2 LIST OF CONTROLLED SUBSTANCES LOST Trade Name of Substance or Preparation Name of Controlled Substance in Preparation Dosage Strength and Form Examples: Methamphetamine Hydrochloride 5 mg Tablets 3 x 100 Demerol Meperidine Hydrochloride 50 mg/ml Vial Robitussin A-C Codeine Phosphate 2 mg/cc Liquid 12 Pints 8. 10. 12. 13. 14. 15. 16. 17. 19. 20. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 47. 45. 49. 50. I certify that the foregoing information is correct to the best of my knowledge and belief. Signature Title Date

DEPICTION of PAGE 1 of DEA FORM-222 U.S. OFFICIAL ORDER FORM - SCHEDULES I & II

Se	e Reverse	of PURCHA	SER'S	No order form	may b	e issued for	Sche	edul	e I a	nd II	subs	tanc	es ur	iless	a	OMB APP	PROVAL
		Instructions		completed app												No. 1117	
TO:	(Name of Su	pplier)				STREET	AD	DR	ESS	ì							
CIT	Y and STAT	E		DATE						TC	BE	FIL	LEC	NI	BY S	SUPPLIER	
							SL	JPP	LIE	RS E	ŒΑ	REC	SIST	RAT			
L		TO BE FI	LLED IN I	BY PURCHAS	ER												
- Z E 20	No. of Packages	Name			Item				Na	tiona	al Dr	ug C	ode			Packages Shipped	Date Shipped
1							П			Т	П	T			Т		
2							П		Ť	T	Ħ	t	П		T	8	
3							П		T	T	П		П		T		
4											П						
5							П			Т	П		П		Т		
6										Γ	П		П				
7											П		П				
8													П				
9							П						П				
10							П					1	П	7	Т		
		LAST LINE COMPLETE	D (MU	ST BE 10 OR L	100	IGNATURI OR ATTORI											
Dat	e Issued		DEA Re	gistration No.	Name	e and Addre	ess (of R	egis	stran	t			<u> </u>			
Sch	edules				l/I												
Reg	jistered as a		No. of th	is Order Form													
DE	A Form-222			ILS OFFIC													

DEA Form-222 (Oct. 1992)

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II

DRUG ENFORCEMENT ADMINISTRATION

SUPPLIER'S Copy 1

Note: The graphic illustrated above is not intended to be used as an actual order form.

Form-224	APPLICATION FOR REGISTRATION Under the Controlled Substances Act Previous edit	MB NO 1117-001 M DEA-224 (9-0 Ions are obsole
INSTRUCTIONS	1. To apply by mall complete this application. Keep a copy for your records. 2. Print clearly, using black or blue ink, or use a typewriter. 3. Mail this form to the actines provided in Section 7 or use enclosed envelope. 4. Include the cornect payment amount. FEETS NOTH REFUNDABLE. 5. If you have any question call COD-202-9000 prior to submitting your application. 6. Save time - apply on the act wave, deadlivers longuisting.	ION:
NO ASSESSMENT PROPERTY WEST OF	IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.	
	\$390.00	
	FEE IS NON-REFUNDABLE	
SECTION 1 IDEN	PLICANT INTIFICATION istration is for inclinidual) -OR- Business or Facility Name (if registration is for business entity)	
		ПП
First Name (If regis	istralion is for individual)	Meddic
Business or Facility	lly Name 2 ("doing business as", continuation of business name, or name of fee exampl institution)	
Address Line 1 (str	reet address)	
Address Line 2		ш
ППП		
City	State Zip Code	1-1-1-1
Business Phone N	Number Business Fax Number	
DEBT COLLECTION INFORMATION	Tax Identification Number (Fregistration is for business) Social Security Number (Fregistration is for included)	dualj
Mandatory pursuant to Debt Collection improvements Act		ovide SSN or TIN e nois #3 on torn of page 2
SECTION 2 BUSINESS ACTIVITY	(DDS, DMD, DO, DPM, DVM, MD or PHD)	OFESSIONAL DEGREE
Check one box only	Nursing Home Animal Sheller (DDS DMC DO DPM DAM MD or PHD) Ente	tioners and MLPs ryour professiona legree from list
See page 3 for additional instructions	☐ Central Fill Pharmacy ☐ Teaching Institution ☐ Mid-level Practitioner (MLP) (DCM, HMD, MP, ND, NP, OD, PA, or RPH)	Ш
	Retail Pharmacy Automated Dispensing System Euthanasia Technician	
FCR Automated Dispensing (ADS) CHLY:	ng System DEA Registration # An ADS is automatically 1 Skip Saction 6 and Section 6 and Section 6 on 1 Section 6 and Section 6 a	n 7 on page 2.
SECTION 3	Schedule II Narcotic Schedule III Narcotic Schedule IV	8
DRUG SCHEDULES	☐ Schedule II Non-Narcotic ☐ Schedule III Non-Narcotic ☐ Schedule V	
Check all that apply	Check this box if you require official order forms for purchase of	
	schedule II narcolic schedule II non-narcotic controlled substances	

- management of the second	- Carrier mercens	alternative state of the state	TAO NI MONTO A ME			A CONTRACTOR OF THE PARTY OF TH	with 1000	nice miles	2 1 2 2 2 2		2000	-1-07-17			100000		Name of the second
SECTION 4	the sch	currently a edules for w	uthorized t /hich you a	o presci re apply	ribe, d ying u	listribu Inder ti	ite, disi he law	pense, of the	condu state	or jur	seard	th, or e tion in	otherv Whic	vise h vo	hand u are	the controlled su operating or propo	bstances in se to operate?
STATE LICENSE(S)	YES	PENDING	NO		_	-	-	7 7	_	_	_	-	-	-		er som er	
Be sure to include both state license numbers					L				L							State License Numbe	4
r applicable					I	П	I		I			I	I			State Controlle	d Substance or (if required)
SECTION 5	1. Has the	applicant e	wer been o	onvict	ed of	a crin	ne in co	nnecti	on with	cont	trolle	d sub	stance	e(s) (unde	r state or federal la	YES NO
IMPORTANT	2. Has the restricte	applicant e	ver surren d?	dered (I	for ca	use) o	r had a	federa	al cont	rolled	1 sut	stano	e regi	strati	on re	evoked, suspended,	
All questions in	3. Has the	applicant e 1, suspende	ver surren	dered (i	for car	use) o	r had a	state	profes	siona	lice	nse o	r cont	rolle	ı sut	ostance registration	пп
this section must be answered.	4. If the appartment	opticant is a ship, or pha- ed substance	corporati	on (other	er tha	n a co partner	poration stock	on who holder, ser sur	se stor or pro	ck is o	OWNE or be	ed and en co	I trade	ed by	the faci	public), association fime in connection controlled substance trolled substance	Mth 🗆 🗆
EXPLANATION OF YES ANSWERS	Date(s)	of incident:						Loca	don(s)	ofine	ckter	nt.					
Applicants who have answered "YES" to any of the four question above must provide a statement to explain such answers	Nature as	of incident:							2011(0)								
Use this space or attact a separate sheet and return with application	h Resulto	of incident															
SECTION 6	Che	ck this box	if the appli	cant is a	e fede	ral, st	ate, or	local g	wernm	nent o	opera	ated h	ospita	d, ins	attutt	on or official.	
CERTIFICATION OF EXEMPTION from application fee	The und	Be sure to di densigned hi on or official											or loc	algo	wern	ment-operated hos	p t al,
Provide the name and phone number of the certifying official	Signatu	re of certify	ng official	(other th	an ap	plicant	9						-	Date	÷		
7	Print or	type name	and title of	certifyli	ng c m	cial		01100-00					_	Tele	phor	ne No. (required for w	artification)
SECTION 7	Print or		50 EX 9	100000 1000		896	mant A	dminist	ration			7.		Tele	phor	ne No. (required for w	orification)
SECTION 7 METHOD OF PAYMENT	☐ che	Maka dk Saap	check paya age 4 of ins	ble to: D tructions	rug E	nforce portant	Informa	stion.				7.		Tele	phor	ne No. (required for w Mail this form wil	
METHOD OF	☐ Che	ck See p erican Expre	check paya bage 4 of ins	ble to: D	rug E	nforce portant	ment A Informa er Care	stion.	ration Visa					Telè	phor	Mail this form wil	th payment to:
METHOD OF PAYMENT Check one form of	☐ Che	Maka dk Saap	check paya bage 4 of ins	ble to: D tructions	rug E	nforce portant	Informa	stion.		Ð	xpira	tion D	ate	Telò	phor		in payment to: int of Justice t Administration
METHOD OF PAYMENT Check one form of payment only	☐ Che	ck See p erican Expre	check paya bage 4 of ins	ble to: D tructions	rug E	nforce portant	Informa	stion.		B	xpira	tion D	ate	Telò	phor	Mail this form will U.S. Departme Drug Enforcement	in payment to: int of Justice Administration 28063
METHOD OF PAYMENT Check one form of	Credit C	ck See p erican Expre	check paya tage 4 of ins	ble to: D tructions	rug E	nforce portant	Informa	stion.		Đ.	xpira	tion D	ate	Tele	phor	Mail this form will U.S. Departme Drug Enforcement P.O. Box	in payment to: int of Justice Administration 28083 20038-8083
METHOD OF PAYMENT Chack one form of payment only Sign # paying by	Che Ame	ck See p erican Expre	check paya age 4 of ins	ble to: D tructions	rug E	nforce portant	Informa	stion.		D	xpira	tion D	ate	Telo	phor	Mail this form will U.S. Departme Drug Enforcement P.O. Box Washington, DO	in payment to: int of Justice Administration 28083 20038-8083
METHOD OF PAYMENT Chack one form of payment only Sign I paying by credit card	Che Ama	Make ck See p artican Expre card Numbe	check paya	ble to: Diructions	Orug E	nforce portant Mast	Informa	ilon.	Visa		Ī]-		Telo	phor	Mail this form will U.S. Departme Drug Enforcement P.O. Box Washington, DO	in payment to: int of Justice Administration 28083 20038-8083
METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card	Che Ame Credit C Signatu Printed	ck Soop erican Expre eard Number ard Card H	check pays lage 4 offins lass D of holder land Holder	ble to: Diructions	Orug E	nforce portant Mast	Informa	ilon.	Visa		Ī]-			Date	Mail this form will U.S. Departme Drug Enforcement P.O. Box Washington, DO	in payment to: int of Justice Administration 28083 20038-8083
METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card SECTION 8 APPLICANT'S SIGNATURE	Che Ame	Make See period Expression Expres	check pays age 4 of first ass D D of tolder and Holder and Holder cant	ble to: Diructions isocover	fumic	nforce portant Mast	Informa	ilon.	Visa		Ī]-				Mail this form will U.S. Departme Drug Enforcement P.O. Box Washington, DO	in payment to: int of Justice Administration 28083 20038-8083
METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card SECTION 8 APPLICANT'S SIGNATURE	Check American	Make See participant Expression E	check pays age 4 of ins ass D of tholder and Holder cant	ble to: Diructions isocover imation	Orug E tor Im	Mast	er Carr	aton.	Visa	true s	and o	correct			Date	Mail this form will U.S. Departme Drug Enforcement P.O. Box Washington, DO	in payment to: and of Justice Administration 20083 20038-9083 EFUNDABLE
METHOD OF PAYMENT Chack one form of payment only Sign If paying by credit card SECTION 8 APPLICANT'S SIGNATURE Sign in link 1. No registration will be 2. In accordance with it valid CMB control in the time for reviewing 3. The Debt Collection In this number is required. 1. PRIVACY ACT HIPPO ACT PRIVACY ACT HIPPO ACT PRIVACY ACT HIPPO ACT PRIVACY A	Che Ame Credit C Signatu Printed I certify Signatu Print or WARNIN Frauduer it issued unit Paperwor mitter for this g hashword in debt in debt in debt in debt in debt in debt in RMATICN	Make See perioan Expression Expre	check pays age 4 of instage 4 o	applica applica contempt from the person of the policy of the person of	furnit furnit	Mask Mask Mask to Imp on rece quired in the an an an an an an an an an an an an a	on this a	states to the control of the control	hat anyon done is in the data	/ person	on will four y	to know wars, a	wingly a fine of	or interference of notice	Date mora plays eragin	Mail this form will U.S. Departme Drug Enforcement P.O. Box Washington, DO FEE IS NON-Rif a valid CMB control in 12 minutes per responding the collection of it	in payment to: int of Justice I Administration 28063 20038-8083 EFUNDABLE
METHOD OF PAYMENT Chack one form of payment only Sign I paying by credit card SECTION 8 APPLICANT'S SIGNATURE Sign in link 1. No registration will be 2. In accordance with it valid CMB control in the time for residence in	Che Ame Credit C Signatu Printed Locatify Signatu Print or WARNIN Frauduer Signatu Print or General Control Warnin Frauduer Fraud	Make See perioan Expression Information 1922 as expression Information for Control Expression Expression Information for Expression	check pays age 4 of ins age 4 o	applica applica if Title 21: All registrations applica if Title 21: All registrations applica and the properties applica appli	furnik furnik	Master Ma	on this a common think the common think the common think the common the commo	states to the control of the control	hat any other the Cook of the	/ personal from office of the state of the s	on will four y information ed and D ed Suits as	and knowledge of the second of	wingly a fine of unites mated and/or laction de for s	or interference of 19 states	Date plays erays at Sacroven 70.a	Mail this form will U.S. Departme Drug Enforcement P.O. Box Washington, DO FEE IS NON-RE	in payment to: int of Justice I Administration 28083 20038-8083 EFUNDABLE see including internation, ppikation. 104-134) (for

Form-224	322	ON FOR REGIS								
	Supplementary	Instructions and I	nformation							
ADDITIONAL INSTRUCTIONS	SECTION 1. APPLIC Fee ext street a number Debt co	ANT IDENTIFICATION - II ampt applications must list ddress a post office box m (TIN) If applying as a bust blication information is n	iformation must be type the name and address ay be included. Applica ness entity, sands tony pursuant to	ed or printed in the blocks p of the fee exempt institution and must enter a valid social the Debt Collection impr	rovided to help reduce in. A physical address in security number (65N)	data entry errors. s required; after the), or a tax identification				
			200	siso enter one degree from thokes: DOM, HMD, MP, I						
	ADS must provide ou AMdayk must include 3) Permit or license n 4) Required Statemen	rrent DEA registration num 1) Name of parent retail plumbur(s) and date issued it. This artifaunt is submits commence proceeding, material information co- corporation partnership	ber of parent retail phan harmady and complete of State conflication to ad to obtain a DEA regil to deny the application trained in this affidant is business to procedule.	rmacy and attach a notority address 2) Name of Long-toperate ADS at named LTC straten number. If any main under section 304 of the amay subject the person sign number section 403 of the coff company address a finite content and conten	ed affidavt (21 CFR Pa ism Care (LTC) facility tacility farial information is false (ct (21 U.S.C. 6224(a)), who this affidavit, and the Act (21 U.S.C. 643).	nt 1301.17). and complete address s, the Administrator may . Any false or fraudulant se named				
					,,					
	to trans	SCHEDULES - Applicants ments; federal registration fer schedule II controlled s tte of Registration.	should check all drug s does not overrule state ubstances. Order form	schedules to be handled. It restrictions. Check the cro is will be mailed to the regis	lowever, applicants muster form box only if you litered address following	st still comply with state inland to purchase or issuance of a				
	SECTION 4. STATE LICENSE(8) - Federal registration by DEA is based upon the applicant is compliance with applicable state and local laws. Applicants 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 the application. If a state license has not yet been issued, indicate "Pending". If state licensing authority is not required, indicate "No".									
	SECTION 5. LIABIU any que	TY - Applicants must answ istion, provide an explanat	er all four questions for on in the space provide	the application to be accepted. If additional space is re-	sted for processing. If y quired, you may attach	ou answered "Yes" to a separate sheet of paper.				
	SECTION 6. CERTIF	CATE OF EXEMPTION - id hospitals, institutions an	Exemption from payme d officials. The applica-	ent of application tee is limit nt's superior or agency offic lai (other than the applican	ed to federal, state or to or must certify exempt :	cal government status. The signature,				
				payment. Make checks po not be accepted. FEES A						
				ire (in ink) of the applicant.						
CONTACT INFORMATION	ATLANTA DIVISION ATTN Registration 75 Spring Street, SW Atlanta, GA 30303		DETROIT DIVISION 431 Howard Street Detroit, MI 46226		PHILADELPHIA DIV William J. Green Fed 600 Arch Street, Roo Philadelphia, PA 191	eral Building m 10224				
1.INTERNET	Georgia	(600) 662-9935	Kentucky Michigan	(500) 230-6544 (500) 230-6544 (500) 230-6544	Delaware	(000) 393-0231				
www.dsadlversion.usdoj.gov	MORIN CAMBRIA	(000) 219-0659 (066) 533-6953	Ohlo	(500) 230-6544	Pennsylvania	(688) 393-8231				
2. TELEPHONE	Tennessee BOSTON DIVISION	(888) 219-7895	EL PASO DIVISION El Paso Federal Just 600 South Mesa Hills	ice Center	PHOENIX DIVISION 3010 N. 2nd Street, 5 Phoenix, AZ 85012					
Headquarters Call Center (800) 852-9539	JFK Federal Building 15 New Sudbury Stre		El Paso, TX 79912		Artona	(000) 741-0902				
S. WRITTEN INQUIRIES	Boston, MA 02200-01	31	New Mexico	(915) 632-6014	SAN DIEGO DIVISIO					
DEA P.O. Bax 25053	Connecticut Maine Massachusetts	(617) 557-2200 (600) 272-5174 (617) 557-2460	HOUSTON DIVISION 1433 West Loop Sou Houston, TX 77027-0	N OFFICE str, Suite 600 0506	4560 Vlawridge Aven San Diego, CA 9212	1637				
Washington DC 20038-6083	New Hampshire Rhode Island	(660) 272-5174 (617) 557-2200	Texas (S. & Central)		Callonia (Southern)	(600) 284-1152				
4. DEA OFFICES DEA Offices are listed (800, 877, and 800	CARIBBEAN DIVISION P.O. Box 2167	(888) 272-5174 ON OFFICE	LOS ANGELES DIVI 255 East Temple Stra Los Angeles, CA 900	ISION OFFICE	SAN FRANCISCO D 450 Golden Gate Ave P.O. Box 39035 San Francisco, CA 9-	inua, 14th Floor				
are tol-free numbers)	San Juan, PR 00022		California (8. Central	(213) 621-6960	Callonia (Northern)	(000) 304-3251				
	Puerto Rico U.S. Virgin Islands	(707) 775-1766 (707) 775-1766	California (8. Central Hawaii Nevada Trust Territory	(000) 415-9622 (000) 415-9622 (213) 694-2216	SEATTLE DIVISION 400 Second Avenue.					
	CHICAGO DIVISION Nuczynski Federal Br 230 S. Deartom Stre	ulding	MIAMI DIVISION OF 0400 N.W. 53rd Street		Saatta, WA 98119 Alaska	(600) 219-4261				
	Chicago, IL 60804		Miami, FL 33166		Idaho	(000) 219-4261				
	Ilinois Indiana	(312) 353-1234 (312) 353-1236	Florida	(305) 590-4560	Oregon Washington	(000) 219-1410				
	Mnnesota North Dakota Wisconsin	(312) 353-9166 (312) 353-9166 (312) 353-1236	NEWARK DIVISION CO Mulberry Street, 2 Newark, NJ 07 102		ST. LOUIS DIVISION 317 South 16th Stree St. Louis, MO 63103					
	DALLAS DIVISION O	FFICE	New Jersey	(000) 356-1071	lowa	(605) 803-1179				
	10160 Technology Bir Datas, TX 75220 Okiahoma	(000) 338-4704	NEW ORLEANS DIV 3636 N. Causeway B Lakeway III, Sulle 16	Md	Kansas Missouri Nebraska South Dakota	(000) 003-1179 (000) 003-1179 (000) 003-1179 (000) 003-1179				
	Texas (Northern)	(000) 336-4704	Motario, LA 70002		WASHINGTON, D.C.					
	DENVER DIVISION O 115 Inverness Erive, I Englawood, CO 5011.	East	Alabama Arkansas Louisiana Mississippi	(000) 514-0051 (000) 514-7302 (000) 514-7302 (000) 514-7302	Techworld Plaza 500 K Street, N.W., S Washington, D.C. 200					
	Colorado Montana Utah	(600) 326-6900 (600) 326-6900 (600) 326-6900	NEW YORK DIVISIO 99 Tenth Avenue		District of Columbia Maryland Virginia	(677) 801-7974 (677) 330-6670 (677) 801-7974				
	Wyoming	(800) 326-6930	New York, NY 10011		West Virginia	(677) 330-6670				
NEW INST - Page 3			New York	(577) 563-5769 (212) 337-1563 (212) 337-1564						

ORUG SCHEDULES	Listed below are examples of the schedules with assign contact the DEA office serving your area.	ned drug code r	numbers. If you are in need of additional information, see 21 C	FR 1306
	SC HEDULE I		SCHEDULE III	
	NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE	NARCOTIC BASIC CLASSES	CODE
			Buprenorphine	9064
	Acetorphine	9319	Codeline up to 90 mg/du plus other ingredients	9319
	Acetylmathadol	9801	Dihydrocodelneup to 90 mg/du plus other ingredients	9007
	Allygrodine Alphacelytmethadol (except LAAM)	9802	Ethylmorphine up to 15 mg/du plus other ingredients	9000
	Bufotenine	7433	Ethylmorphine up to 15 mg/du plus other ingredients Hydrocodone up to 15 mg/du plus other ingredients Morphine up to 50 mg/100ml or gm plus other ingred.	9006 9010
	Dextromoramide	9813	Optim up to 500 mg/100m, plus other active ingred	9000
	Diathyttryptamine (DET)	7434	opam up to see my rount past onia action 1942	
	2,5 - Dimethoxyamphetamine (DMA)	7396	NON-HARCOTIC BASIC CLASSES	CODE
	Directhyttryptamine (DMT)	7435		.00000000
	Etorphine (except hydrochloride salt) gamma-Hydroxybutyric acid (except drug product)	9056 2010	Anabolic Steroids	4000
	Haron	9200	Berzphetamine Butabital	1228 2100
	Ibogaine	7260	Cronabinoi Pharmaceutical Product	7360
	Katobemidone	9825	GHB Drug Product (gamma-Hydroxybutyric acid)	2010
	Lysergic acid diethylamide (LSD)	7315	Ketamine	7205
	Martuana Mascalna	7360	Methypryton	2575
	Methaguaione	7351 2565	Pentibarbital plus noncontrolled active ingredients	2271
	3,4 - Methylenedickyamphetamine (MDA)	7400	Pentobarbital suppository Phendmetrazine	2271 1615
	3.4 - Methylenedloxymethamphetamine (MDMA)	7405	Secobarbital plus noncontrolled active incredients	
	n- Ethyl - 1 - Phenylcyclonexylamine (PCE)	7455	Secobarbital suppository	2316 2316
	Payota	7415	Thiopental	2329
	1 - (1-Phenylcyclohaxyl)pyrrolldna (PCP) Palecybin	7450 7437	Virtartital	2335
	Palocyn	7430		
	Tetrahydrocannabinois (THC)	7370	SCHEDULE IV	
	1-[1-(2-Thieny)-cyclohexy)-pipendine	7470		
	720,020,000		NARCOTIC BASIC CLASSES	CODE
	SC HEDULE II		Dektropropoxyphene du Difenskin 1mg/25ug atropine SO 4/du	9276 9167
	NARCOTIC BASIC CLASSES	000€	NON-NARCOTIC BASIC CLASSES	CODE
	Alphaprodine Antientine	9010	Alprzolam	2662
	Cocaina	9020	Bartilal	2145
	Codelne	9050	Chioral Hydrate	2465
¥3	Dextropropoxyphene (bulk)	9273	Chiordiazepoxida	2744
	Dipherioxýteté Diprenorphina (M50-50)	9170	Clorazopaio	2760
	Diprenorphine (M50-50)	9056	Clazapám Clethylpropion	2765 1610
	Etrytmorphine Etorphine Hydrochlodde (M-90)	9190	Forduramno	1670
	Glutatrimide	2550	Flurazopam	2767
	Hydrocodona	9193	Halazepam	2762
	Hydromorphone	9150	Lorazopam Mazindol	2005
	Lévo-alphacetylmethadol (LAAM)	9845	Mebutamate	1605 2600
	Leverphanol Magaridha	9220 9230	Mephobarbital (Methylphenobarbital)	22.50
	Matradone	9250	Meprobamate `	2250 2620
	Morphine	9300	Methohechal	2264
	Oplum, powdered	9639	Midazolam	2004
	Optum, raw	9800	Oxazepam Paraldehyde	2635 2565
	Okycodone Okymorphone	9143 9852	Pemolne	1530
	Pocov Straw	9671	Pentazodne	97C9
	Poppy Straw Concentrate Thebaine	9670	Phenobarbital	2205
	Thebaine	9333	Pheniarmine	1640
	NOW MERCODO BLOIG TO TOTAL		Prazepam Quazepam	2764
	NON-NARGOTIC BASIC CLASSES	CODE	Temazepam	2001
	Amotartilal	2125	Triazolam	2027
	Amphetamine	1100	Zolpidem	2763
	Mathamphotamino	1105	several production of	54000000
	Methylphenidate	1724		
	Pentobartilai Phenoydidne (PCP)	2270	SCHEDULE V	
		7471		
	Eboomotrados			
	Phenmetrazine Phenylacatone	1631		CODE

Notice to Registrants Making Payment by Check

Authorization to Coower Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Bestronic fund transfer" is
the term used to refer to the process in which we electronically instruct your financist in inflation to transfer must be received 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

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. If the electronic 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 transfer to the completed because of insufficient funds, we may by to make the transfer up to two times.

Transaction intermation: The electronic fund transfer from your account will be on the account statement you receive from your thandal institution. However, the transfer may be in a different piace on your statement than the place where your checks normally appear. For example, it may appear under "other whichtwaits" 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 seep a copy of the check for recont-seeping purposes.

You are processed to the processed of the processed of the processed 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.

NEW INST - Page 4

INSTRUCTIONS 1. Invited by the plant incrinate the speciation. Year a copy for your records. 2 miles design deputible of business of the site at a time of the plant of t	Form-224a	RENEWAL APPLICATION FOR REGISTRATION Under the Controlled Substances Act APPROVED OM FORM (B NO 1117-0 DEA-224a (1-
SECTION 1 Schedule III Narcotic Schedule III Non-Narcotic Schedule III N	INSTRUCTIONS	Mail this form to the address provided in Section 6 or use enclosed envelope. Include the correct payment amount. FEE IS NON-REFUNDABLE If you have any questions call 800-882-9639 prior to submitting your application.	ON:
SECTION 1 Schedule II Narcotic Schedule III Non-Narcotic Schedule IV Schedule III Non-Narcotic Schedule III Non-Narcotic Schedule IV Schedule III Non-Narcotic Schedule III Non-Narcotic Schedule IV SecTION 2 Check this box if you need official order forms - for the purchase of schedule III nanonarcotic controlled substance SecTION 3 Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substance the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to opera state leaves numbers		IMPORTANT: DO NOT SEND THIS APPLICATION AND RENEW ONLINE.	
SECTION 1 Schedule II Narcotic Schedule III Non-Narcotic Schedule IV Schedule III Non-Narcotic Schedule III Non-Narcotic Schedule IV Schedule III Non-Narcotic Schedule III Non-Narcotic Schedule IV SecTION 2 Check this box if you need official order forms - for the purchase of schedule III nanonarcotic controlled substance SecTION 3 Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substance the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to opera state leaves numbers			
SECTION 1 Schedule II Narcotic Schedule III Non-Narcotic Schedule IV Schedule III Non-Narcotic Schedule III Non-Narcotic Schedule IV Schedule III Non-Narcotic Schedule III Non-Narcotic Schedule IV SecTION 2 Check this box if you need official order forms - for the purchase of schedule III nanonarcotic controlled substance SecTION 3 Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substance the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to opera state leaves numbers		_	
SECTION 1 Schedule II Narcotic Schedule III Non-Narcotic Schedule IV Schedule III Non-Narcotic Schedule III Non-Narcotic Schedule IV Schedule III Non-Narcotic Schedule III Non-Narcotic Schedule IV SecTION 2 Check this box if you need official order forms - for the purchase of schedule III nanonarcotic controlled substance SecTION 3 Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substance the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to opera state leaves numbers			
SECTION 1 Schedule II Narcotic Schedule III Non-Narcotic Schedule IV Schedule III Non-Narcotic Schedule III Non-Narcotic Schedule IV Schedule III Non-Narcotic Schedule III Non-Narcotic Schedule IV SecTION 2 Check this box if you need official order forms - for the purchase of schedule III nanonarcotic controlled substance SecTION 3 Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substance the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to opera state leaves numbers		FEE IS NON-REFLINDABLE	
SCECTION 2 Schedule II Non-Narcotic Schedule III Non-Narcotic Schedule III Non-Narcotic Schedule II Narcotic Sche	SECTION 1		
SECTION 2 Check this box if you need official order forms - for the purchase of schedule II narcoccischedule II non-narcotic controlled substance the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operating or propose			
A Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substance the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operating or p	Check all that apply	Schedule II Non-Narcotic Schedule V	
the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operating STATE LICENSE(S) YES NO Be sure to include both transplication and the state controlled substance because the state license numbers applicable. B. Has the applicant ever been convicted of a crime in connection with controlled substances under state controlled substances under state in the superior of receival laws. B. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied? C. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, restricted or placed on probation? Is any such action pending? E. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, restricted or placed on probation? Is any such action pending? E. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, restricted or proposition at the public, association, partnership or pharmacy, has any officer partner stockholder or proposition denied or probation? E. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substances under state or federal law, or ever surrendered, or proposition at security or proposition at state or proposition evoked, suspended, every had a state professional license or controlled substances under state or federal law, or ever surrendered for cause, or had a federal controlled substances under state or federal law, or ever surrendered, denied, restricted or proposition at the public, association, partnership or every had a state or federal law, or ever had a state or professional license or controlled substances under state or federal law, or every had a state or professional license or controlled substances u	SECTION 2	Check this box if you need official order forms - for the purchase of schedule II narcotic/schedule II non-narcotic cont	rolled substan
the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operating STATE LICENSE(s) YES NO Be sure to include both transplicable LIABILITY MPORTANT: Yes answered yes to these questionisty on previous precisions in this existion must be answered as the policant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or placed on probation? Is any such action pending? Effective that the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, restricted or placed on probation? Is any such action pending? Effective that the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, restricted of a crime in connection with controlled substance registration revoked, suspended, restricted of placed on probation? Efficiency is a professional license or controlled substance registration with controlled substance registration whose stock is owned and traded by the public, and a federal controlled substance registration revoked, suspended, restricted of a crime in connection with controlled substance registration revoked, suspended, or propriets been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted of a crime in connection with controlled substance registration revoked, suspended, or ever had a state professional license or controlled substance registration revoked, suspended, restricted or paced on probability as a state or federal law, or ever had a state or federal law, or ever had a state or propriets and professional license or controlled substances under state or federal law, or ever surrendered for cause, or had a federal controlled substance registration revoked, suspended, restricted		Red	
State Controlled Substance Cicense Number	SECTION 3	Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlle e schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or proc	d substance
State Controlled Substance License Number	TATE LICENSE(S)		out to open
ABILITY B Has the applicant ever been convicted of a crime in connection with controlled substances under state of federal law? C Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied? D Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, restricted, or placed on probation? Is any such action pending? Has 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 prophetor been convicted of a crime in connection with controlled substance registration revoked, suspended, restricted or placed on probation? 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 prophetor been convicted of a crime in connection with controlled substance under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted or placed on probation? 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 prophetor been convicted of a crime in connection with controlled substance registration revoked, suspended, restricted or crime in connection with controlled substance registration revoked, suspended, denied, restricted or placed on probation? SECTION 4		State	
ABBILITY MPORTANT: (you answered yes to these previous applicants ever been convicted of a crime in connection with controlled substances under state or federal law? C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied? D. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, restricted, or placed on probation? El questions in this ection must be answered EXPLANATION OF YES* ANSWERS Date(s) of incident: Nature of incident: Location(s) of incident: Location(s) of incident: Location(s) of incident: Nature of incident: Applicants who have a state professional license or controlled substance registration revoked, suspended, restricted, or prophetor been convicted of a crime in connection with controlled substance registration whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer partner stockholder, or prophetor been convicted of a crime in connection with controlled substance registration whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer partner stockholder, or prophetor been convicted of a crime in connection with controlled substance registration whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer partner stockholder, or prophetor been convicted of a crime in connection with controlled substance registration revoked, suspended, restricted, denied, or ever unrendered (for cause) or had a state professional license or controlled substance suspended, restricted, denied, or ever unrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, restricted, denied, or ever unrendered (for cause) or had a state professional license or controlled substances under state or controlled substances under state or controlled substances under	tate license numbers fapplicable	License Number	
B. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal flaw? C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied? D. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, restricted, or placed on probabion? Is any such action pending? paramaters a comporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or parmacy, has any officer, partner, stockholder, or prophetor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or crime in connection with controlled substance registration revoked, suspended, restricted denied, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation? SECTION 4 EXPLANATION OF PYES* to questions 8, C, D, or E above must provide a statement to explain such answers Use this space or attach a separate sheet and return with application.		State Controlled Subst	tance quired)
MPORTANT: you answered yes to these uestion(s) on previous pipication, you must continue to answer yes and rovide a statement of explanation. Ill questions in this ection must be answered SECTION 4 EXPLANATION OF YES*ANSWERS Date(s) of incident: Applicants who have answered "YES" to questions 8, C, D or E above must provide a statement to explains such answeres Use this space or attach a separate sheet and feteral controlled substance registration revoked, suspended, denied or probation? List the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, or placed on probation? Is any such action pending? If the applicant ever surrendered, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, denied, or proprietor been convicted of a crime in connection with controlled substance registration revoked, suspended, denied, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or co	LABILITY	B. Has the applicant ever been convicted of a crime in connection with controlled substances under state	YES NO
suspended, restricted, or denied? Last the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending? Last the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation? Is any such action pending? 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 controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or professional license or controlled substance registration revoked, suspended, denied, restricted, or professional license or controlled substance registration revoked, suspended, denied, or controlled su			
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 prophetor been convicted of a crime in connection with controlled substances under stockholder, or prophetor been convicted of a crime in connection with controlled substances under stockholder, or prophetor been convicted of a crime in connection with controlled substances under stockholder, or prophetor been convicted of a crime in connection with controlled substances under stockholder, or prophetor been convicted of a crime in connection with controlled substance registration revoked, suspended, restricted or placed on probation? SECTION 4 EXPLANATION OF TYES* Answers Nature of incident: Location(s) of incident: Nature of incident: Nature of incident: Applicants who have answers Use this space or attach a separate sheet and either with application	uestion(s) on previous application, you must	suspended, restricted, or denied?	
SECTION 4 EXPLANATION OF TYPES ANSWERS Nature of incident: Applicants who have answered "YES" to each of the provide a statement to explain such answers Use this space or attach a separate sheet and electromy to the provide a statement to explain such answers Location(s) of incident: Location(s) o	rovide a statement of		
EXPLANATION OF YES* ANSWERS Date(s) of incident:	all questions in this ection must be answered	nad a rederar controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, or ever had a state	
Nature of incident Applicants who have arswered "YES" to guestons B, C, D, or E shove must provide a statement to explain such answers Use this space or attach a separate sheet and electronic with the separate sheet and electronic with the separate sheet and electronic with a separate sheet and electronic with application	SECTION 4		
Applicants who have answered TYES* to puestions B, C, D, or E above must provide a statement to explain such answers Use this space or attach a separate sheet and etum with application etum with application	EXPLANATION OF YES" ANSWERS	Date(s) of incident: Location(s) of incident:	-DATE IN LEGICIES
Use this space or attach a separate sheet and return with application	answered "YES" to questions B, C, D, or E above must provide a statement to explain	Nature of incident:	
result of incident.	Use this space or attach a separate sheet and	Comb of location	
		result of Broderit.	

SECTION 5	Last Name (if registration is for individual) -OR- Business Name (if registration is for business)	
CHANGES TO APPLICANT IDENTIFICATION		
	First Name and Middle Initial	Will do
DEBT COLLECTION		TATAMEN
INFORMATION Mandatory pursuant	Tax Identification Number (if registration is for business) Social Security Number (if registration is for business)	N
to Debt Collection Improvements Act	Address Line 1 (street address)	Provide SSN or TIN. See note #3 on bottom of page 2
	Audress Line 1 (sueer augress)	ППППППППППППППППППППППППППППППППППППППП
IMPORTANT	Address Line 2	
Leave this section blank unless the		
registration information on front page	City	ate Zip Code
is incorrect.		
	E isiness Phone Number Business Fax Number	
SECTION 6	Make check payable to: Drug Enforcement Administration Check See page 4 of instructions for important information.	
METHOD OF PAYMENT	See page 45 insubstants to important information.	Mail this form with payment to:
Check one form of payment only	American Express Discover Master Card Visa	
	Credit Card Number Expiration Date	U.S. Department of Justice Drug Enforcement Administration
		P.O. Box 105616 Atlanta, GA 30348-5616
Sign if paying by credit card		
Credit Card	Signature of Card Holder	FEE IS NON-REFUNDABLE
	Printed Name of Card Holder	
SECTION 7	Check this box if the applicant is a federal, state, or local government operated hospital, i	nstitution or official.
CERTIFICATION OF EXEMPTION	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Securrent registration certificate.	- N - R - B
from application fee	The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of and is exempt from payment of the application fee:	operated hospital, institution or official,
Provide the name and		
phone number of the certifying official	Signature of certifying official (other than applicant)	ate
	Print or type name and title of certifying official	Hephone No. (required for verification)
SECTION 8	I certify that the foregoing information furnished on this application is true and correct.	
APPLICANT'S SIGNATURE		
Sign in ink	Signature of applicant	Date
	Print or type name and title of applicant	
	WARNING: Section 843(a)(4)(A) of Tide 21, United States Code states that any person who knowingly or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of	intentionally furnishes false or not more than \$30,000, or both.
No registration will be le accordance wat the	issued unless a completed application form has been received (21 CFR 1301.13). Paperwork Reduction Act of 1965, no person is required to respond to a collection of information unless it dis	
the time for reviewing	noer for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to av- instructions, searching existing data sources, gathering and maintaining the data needed, and completing and	erage 12 minutes per response, including
3. The Debt Collection in	riprovements Act or 1990 (FL 104-134) requires that you turnish your taxpayer identifying Number and/or Social Ed for debt collection procedures should your fee become uncollectable.	al Security Number on this application.
AUTHORITY	Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Impitaxpayer identifying number and/or social security number).	
PURPOSE: ROUTINE US	To obtain information required to register applicants pursuant to the Controlled Substances Act of 19 The Controlled Substances Act Registration Records produces special reports as required for statist	70. ical analytical purposes. Disclosures of
	information from this system are made to the following categories of users for the purposes stated: A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purpo B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purp	ooses.
EFFECT	C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying Failure to complete form will preclude processing of the application.	the registration of customers.
	RENEWAL - Page 2	

Form-224a	Test W	TION FOR REN ary Instructions and								
ADDITIONAL INSTRUCTIONS	requ	IG SCHEDULES - Application of the Application of th	ants should check all drug s ion does not overrule state i ed substances.	chedules to be handled restrictions. Check the	d. However, applicants m order form box only if yo	ust still comply with state u intend to purchase or				
	SECTION 2. ORD	ER FORMS - Order forms	s will be mailed to the regist	ered address following	issuance of a Certificate	of Registration.				
	App	licants should contact the rolled substance number,	registration by DEA is base local state licensing authors provide that number on this athority is not required, indic	y prior to completing the application. If a state	is application. If your sta	te requires a senarate				
	SECTION 4. LIAE any	iLITY - Applicants must a question, provide an expla	nswer all four questions for enation in the space provide	the application to be ac	coepted for processing. If s required, you may attac	you answered "Yes" to h a separate sheet of pape				
	SECTION 5. APPLICANT IDENTIFICATION - Entry of missing data or corrections ONLY must be typed or printed in the blocks provided to help reduce data entry errors. Enter changes in previously provided registration information, such as name change, address correction, or new phone numbers. Fee exempt individuals should list the name and address of the fee exempt institution. A physical address is required; after the street address a post office box may be included. Individuals renewing should ensure that the social security number (SSN) on record is correct. If renewing a business entity, a valid tax identification number (TIN) must be supplied. Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.									
	SECTION 6 MET Thin	HOD OF PAYMENT - Indi d-party checks or checks i	cate the desired method of drawn on foreign banks will	payment. Make check not be accepted. FEE	s payable to "Drug Enford S ARE NON-REFUNDAB	ement Administration". LE				
	SECTION 7. CERTIFICATE OF EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government operated hospitals, institutions and officials. 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.									
			Must be the original signatu							
CONTACT INFORMATION	1. INTERNET: 2. TELEPHONE 3. WRITTEN INQU	JIRIES Drug Enforce P.O Box 280	an be found on our web site Call Center: (800) 882-953 ment Administration 83 D.C. 20038-8083	at www.deadiversion.u 9	usdoj gov					
	4. DEA OFFICES:	DEA Offices are listed be	low (800, 877, and 888 are t	oli-free numbers).						
	ATLANTA DIVISIO ATTN: Registration 75 Spring Street, S Atlanta, GA 30303		DETROIT DIVISION 6 431 Howard Street Detroit, MI 48226		PHILADELPHIA D William J. Green Fo 600 Arch Street, Ro Philadelphia, PA 16	ederal Building com 10224				
	Georgia North Carolina South Carolina	(888) 859-9935 (888) 219-8689 (866) 533-6983	Kentucky Michigan Ohio	(800) 230-6844 (800) 230-6844 (800) 230-6844	Delaware Pennsylvania	(888) 393-8231 (888) 393-8231				
	Tennessee BOSTON DIVISIO		EL PASO DIVISION (El Paso Federal Justi 600 South Mesa Hills	ce Center	PHOENIX DIVISIO 3010 N. 2nd Street Phoenix, AZ 85012	Suite 301				
	JFK Federal Build 15 New Sudbury S Boston, MA 02203	treet, Room E400	El Paso, TX 79912 New Mexico	(915) 832-6014	Arizona	(800) 741-0902				
	Connecticut Maine Massachusetts	(617) 557-2200 (888) 272-5174 (617) 557-2468	HOUSTON DIVISION 1433 West Loop Sout Houston, TX 77027-9	h, Suite 600	SAN DIEGO DIVIS 4560 Viewndge Av San Diego, CA 921	enue				
	New Hampshire Rhode Island	(888) 272-5174 (617) 557-2200	Texas (S. & Central)		California (Souther	n) (800) 284-1152				
	Vermont CARIBBEAN DIVI P.O. Box 2187 San Juan, PR 009		LOS ANGELES DIVI: 255 East Temple Stre Los Angeles, CA 900	et, 20th Floor	SAN FRANCISCO 450 Golden Gate A P.O. Box 36035 San Francisco, CA					
	Puerto Rico U.S. Virgin Islands	(787) 775-1766	California (S. Central) Hawaii Nevada	(888) 415-9822 (888) 415-9822	SEATTLE DIVISIO					
	CHICAGO DIVISION Kluczynski Federa 230 S. Dearborn S Chicago, IL 80804	Building treet, Suite 1200	Trust Territory MIAMI DIVISION OFF 8400 N.W. 63rd Stree Miami, FL 33166	(213) 894-2216 FICE 1	400 Second Avenu Seattle, WA 98119 Alaska Idaho	(888) 219-4251 (888) 219-4251				
	Illinois Indiana	(312) 353-1234 (312) 353-1236	Florida	(305) 590-4880	Oregon Washington	(888) 219-4261 (888) 219-1418				
	Minnesota North Dakota Wisconsin	(312) 353-9166 (312) 353-9166 (312) 353-9166 (312) 353-1236	NEWARK DIVISION (80 Mulberry Street, 2r Newark, NJ 07102	OFFICE nd Floor	ST. LOUIS DIVISIO 317 South 18th Str St. Louis, MO 6310	eet				
	DALLAS DIVISION 10160 Technology Dallas, TX 75220	N OFFICE Blvd., East	New Jersey	(888) 356-1071 ISION OFFICE	lowa Kansas Missouri	(888) 803-1179 (888) 803-1179 (888) 803-1179				
	Oklahoma Texas (Northern)	(888) 336-4704 (888) 336-4704	3838 N. Causeway Bi Lakeway III, Suite 180 Metaine, LA 70002	vd 0	Nebraska South Dakota	(888) 803-1179 (888) 803-1179				
	DENVER DIVISION 115 Inverness Driv Englewood, CO 80	e, East 112	Alabama Arkansas Louisiana Mississippi	(888) 514-8051 (888) 514-7302 (888) 514-7302 (888) 514-7302	WASHINGTON, D. Techworld Plaza 800 K Street, N W., Washington, D.C. 2	C. DIVISION OFFICE Suite 500 0001				
	Colorado Montana Utan Wyoming	(800) 326-8900 (800) 326-8900 (800) 326-8900 (800) 326-8900	NEW YORK DIVISION 99 Tenth Avenue New York, NY 10011		District of Columbia Maryland Virginia West Virginia	(877) 801-7974 (877) 330-6670 (877) 801-7974 (877) 330-6670				
RENEWAL INST - Page 3			New York	(877) 883-5789 (212) 337-1593 (212) 337-1594						

Ī

DRUG SCHEDULES	Listed below are examples of the schedules with assigned drug code numbers. If you are in need of additional information, see 21 CFR 1308 or contact the DEA office serving your area.					
	SCHEDULE I	SCHEDULE III				
	NARCOTIC & NON-NARCOTIC	0.000	NARCOTIC BASIC CLASSES	CODE		
	BASIC CLASSES	CODE	Buprenorphine	9064		
	Acetorphine	9319	Codeine up to 90 mg/du plus other ingredients	9319		
	Acetylmethadol	9801	Dihydrocodeineup to 90 mg/du plus other ingredients	9807		
	Allylprodine	9602	Ethylmorphine up to 15 mg/du plus other ingredients	9808		
	Alphacetylmethadol (except LAAM)	9603	Hydrocodone up to 15 mg/du plus other ingredients	9506		
	Bufotenine	7433	Hydrocodone up to 15 mg/du plus other ingredients Morphine up to 50 mg/100ml or gm plus other ingred.	9810		
	Dextromoramide	9013	Opium up to 500 mg/100m, plus other active ingred.	9809		
	Diethyltryptamine (DET)	7434				
	2.5 - Dimethoxyamphetamine (DMA)	7396	NON-NARCOTIC BASIC CLASSES	CODE		
	Dimethyltryptamine (DMT) Etorphine (except hydrochlonde salt)	7435 9056	Anabolic Steroids	****		
	gamma-Hydroxybutync acid (except drug product)	2010	Benzphetamine	4000 1228		
	Heroin	9200	Butalbital	2100		
	loogaine	7280	Orgnapinol Pharmaceutical Product	7389		
	Ketobemidone	9828	GHB Drug Product (gamma-Hydroxybutyric acid)	2010		
	Lysergic acid diethylamide (LSD)	7315	Ketamine	7285		
	Marihuana	7360	Methyprylon	2575		
	Mescaline Methaguaione	7381	Pentobarbital plus noncontrolled active ingredients	2271		
	Methaquaione 3.4 - Methylenedioxyamphetamine (MDA)	2585 7400	Pentobarbital suppository	2271		
	3.4 - Methylenedioxyamphetamine (MDA) 3.4 - Methylenedioxymethamphetamine (MDMA)	7405	Phendimetrazine Secobarbital plus noncontrolled active ingredients	1015		
	n- Ethyl - 1 - Phenylcyclohexylamine (PCE)	7455	Secobarbital suppository	2316		
	Peyote	7415	Thiopental	2329		
	1 - (1-Phenylcyclohexyl)pyrrolidine (PCP)	7458	Vinbarbital	2335		
	Psilocybin	7437				
	Psilocyn	7438				
	Tetrahydrocannabinols (THC) 1-[1-(2-Thienyl)-cyclohexyl]-piperidine	7370 7470	SCHEDULE IV			
			NARCOTIC BASIC CLASSES	CODE		
	SCHEDULE II		Dextropropoxyphene du Difenoxin 1mg/25ug atropine SO4/du	9278 9167		
	NARCOTIC BASIC CLASSES	CODE	NON-NARCOTIC BASIC CLASSES	CODE		
	Alphaprodine	9010				
	Anilendine	9020	Alprzolam	2682		
	Cocaine	9041	Barbital Chloral Hydrate	2145		
	Codeine	9050	Chlordiazepoxide	2465 2744		
	Dextropropoxyphene (bulk)	9273	Clorazepate	2768		
	Diphenoxylate Diprenorphine (M50-50)	9170 9058	Diazepam	2765		
	Ethylmorphine	9190	Diethylpropion	1610		
	Etorphine Hydrochloride (M-99)	9059	Fenfluramine	1670		
	Glutethimide	2550	Flurazepam	2767		
	Hydrocodone	9193	Halazepam Lorazepam	2762		
	Hydromorphone	9150	Lorazepam Mazindol	2885 1605		
	Levo-alphacetylmethadol (LAAM) Levorphanol	9648 9220	Mebutamate	2800		
	Meperidine	9230	Mephobarbital (Methylphenobarbital)	2250		
	Methadone	9250	Meprobamate	2820		
	Morphine	9300	Methohexital	2264		
	Opium, powdered	9639	Midazolam	2884		
	Opium, raw	9800	Oxazepam	2835		
	Oxycodone	9143	Paraldehyde Pemoline	2585 1530		
	Oxymorphone Bonou Strate	9652 9671	Pentazagne	9709		
	Poppy Straw Poppy Straw Concentrate	9870	Phenobarbital	2285		
	Poppy Straw Concentrate Thebaine	9333	Phentermine	1640		
	ACC	6333	Prazepam	2764		
	NON-NARCOTIC BASIC CLASSES	CODE	Quazepam	2881		
	W		Temazepam	2925		
	Amobarbital	2125	Triazolam	2887		
	Amphetamine	1100	Zolpidem	2783		
	Methamphetamine	1105				
	Methylphenidate	1724 2270	\$2000000000000000000000000000000000000			
			CONTROL EN			
	Pentobarbital Phenouslidina (PCP)	7474	SCHEDULE V			
	Phencyclidine (PCP)	7471	SCHEDULE V			
	Pentobarotal Phencyclidine (PCP) Phenmetrazine Phenylacetone	7471 1031 6501	SCHEDULE V	CODE		

Notice to Registrants Making Payment by Check

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 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 recordkeeping purposes

Your Rightz: 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.

RENEW AL INST - Page 4

Form-363	APPLICATION FOR REGISTRATION Under the Narcotic Addict Treatment Act of 1974	APPROVED OMB NO 1117-0015 FORM DEA-363 (11-05) Previous editions are obsolete	
INSTRUCTIONS	1. To apply by mail complete this application. Keep a copy for your records. 2. Print clearly, using black or Muerick, or use a typowniar. 3. Section 1 should be completed only if your information has changed. 4. Mail this form to the adviress provided in Section 8 or use enclosed envelope. 5. Include the correct payment amount. FEE IS NON-REFUNDABLE. 6. If you have any quasitors contact 800-882-9519 prior to submitting your application. 7. Save time - apply online at www.deadiversion.ucdoj.gov. IMPORTANT. DO NOT SEND THIS APPLICATION AND APPLY ONLINE.	REGISTRATION INFORMATION:	
CECTION 1		Fee for 1 year is \$130 FEE IS NON-REFUNDABLE	
	LICANT ITIFICATION		
Business or Facility	Name (If registration is for business entity or is fee exempt)		
Business or Facility	Name 2 ("doing business as", continuation of business name, or name of fee e	exempt institution)	
Address Line 1 (stre	set address)		
ППП			
Address Line 2			
City		State Zip Code	
THE THE			
Business Phone Nu	umber Business Fax Number		
Busiless rivis	UDOL BRIBLISS LEY MALLINEL		
DEBT COLLECTION			
INFORMATION	Tax Identification Number		
Mandatory pursuant to Debt Collection Improvements Act		See note #3 on bottom of page 2.	
SECTION 2	□ NTP - Maintenance □ NTP - Cor	impounder / Maintenance	
BUSINESS ACTIVITY	m m	impounder / Detoxification	
Check one box only	□ NTP - Maintenance and Detoxification □ NTP - Cor	impounder / Maintenance and Deloxification	
SECTION 3 DRUG SCHEDULES	Schedule II Schedule		
Check all that apply	Check this box if you require official order forms - for purchase or transfer of s	schedule II controlled substances.	
SECTION 4 A	are you currently authorized by the Food and Drug Administration for the busines	ss activity described in this application?	
ANTONOMORPHOMESE.	YES PENDING NO	TTT	
		FDA Number	
SECTION 5 Are)	you currently authorized to prescribe, distribute, dispense, conduct research, or schedules for which you are applying under the laws of the state or jurisdiction in	otherwise handle the controlled substances in in which you are operating or propose to operate?	
STATE LICENSE(S)	YES, I have a Scence	State	
SPESSESSESSESSESSESSESSESSESSESSESSESSES	NOT REQUIRED by this state	License Number	
	NEW - Page 1		

SECTION 6	Has the applicant ever been convicted of a crime in connection with controlled substances u	YES NO				
LIABILITY	 Has the applicant ever surrendered (for cause) or had a federal controlled substance registrations. 	on revoked, suspended,				
00020022200000000000000000000000000000	Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revolted, suspended denied, rectricted, or placed on probation? Is any such action pending?					
	If the socilisatilis a comporation (other than a composition whose stock is owned and traded by the public), association					
	partinefship, or pharmady, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional ticense or controlled substance registration revoked, suspended, denied, or placed on probablon?					
EXPLANATION OF "YES" ANSWERS	Date(s) of Incident:Location(s) of Incident:					
Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers	Nature of incident:					
Use this space or attach a separate sheet and return with application	Result of incident					
SECTION 7	Check this box if the applicant is a federal, state, or local government-operated narcotic tre	atment program				
CERTIFICATION OF EXEMPTION	Be sure to enter name and address of the exempt institution in Section 1.	24 2000				
from application fee	The undersigned hereby certifies that the applicant named hereon is a federal, state or local go treatment program, and is exempt from payment of the application fee.	veniman-operated harcoic				
Provide the name and Signature of certifying official (other than applicant) certifying official (other than applicant)						
8.75.V.T.0	Print or type name and title of certifying official Telephone No. (required for vertical					
SECTION 8 METHOD OF PAYMENT	Check Make check payable to: Drug Enforcement Administration See page 3 of instructions for important information.					
Check one form of payment only	☐ American Express ☐ Discover ☐ Master Card ☐ Visa Credit Card Number	Mail this form with payment to: U.S. Department of Justice				
	Credit Card Number Expiration Date	Drug Enforcement Administration P.O. Box 26063				
Sian Mandan ke		Washington DC 20038-8083				
Sign if paying by credit card	Signature of Card Holder	FEE IS NON-REFUNDABLE				
	Printed Name of Card Holder					
SECTION 9	I certify that the foregoing information furnished on this application is true and correct.	•				
APPLICANT'S						
SIGNATURE Sign in Ink	Signature of applicant	Date				
	Print or type name and title of applicant					
	WARNING: Section 643(a)(4)(A) of Tits 21, United States Code states that any person who knowingly or ini- fraudulant information in the application is subject to imprisonment for not more than four years, a fine of not	more than \$30,000, or both.				
2. In accordance with the valid CMB control number the time for reviewing 3. The Debt Collection in This number is require 4. FRIVACY ACT INFOR	issued unless a complated application form has been received (21 CFR 1301.13). Paperwork Reduction Act of 1995, an person is required to respond to a collection of information unless it dis historifor this collection is 1117-6015. Public reporting burden for this collection of information is estimated to av- instructions, searching existing data sources, gathering and maintaining the data needed, and completing and provisions and of 1956 (F. 104-134) requires that you furnish your Taxpayer identifying Number and/or Soci- dition and the procedures should your less become uncollectable.	plays a valid CMB control number. The erage 30 minutes per response, including reviewing the collection of intermation, all Security Number on this application.				
AUTHORITY PURPOSE:	Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Colection Implicates a social security numbers. To obtain information required to register applicants pursuant to the Controlled Substances Act of 19					
ROUTINE U	568: The Controlled Substances Act Registration Records produces special reports as required for statist information from this system are made to the following categories of users for the purposes settled: A. Other testard taw enforcement and regulatory apericles for tay enforcement and regulatory purpose.	ical analytical purposes. Disclosures of				
EFFECT:	B. State and local law enforcement and regulatory agendes for law enforcement and regulatory purious. C. Persons registered under the Controlled Substances Act (P. 91-513) for the purpose of verifying Failure to complete form will preclude processing of the application. NEW - Page 2	20605.				

Form-363	APPLICATION FOR REGISTRATION Supplementary Instructions and Information			
ADDITIONAL				
INSTRUCTIONS	SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors.			
	Fee exempt applicant should list the name and address of the fee exempt institution. A physical address is required; a post office box may be included after the street address.			
	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.			
	SECTION 3. DRUG SCHEDULES - Applicant should check all drug schedules to be handled. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions.			
	Check the order form box only if you intend to purchase or to transfer schedule II controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.			
	SECTION 4. FDA PERMIT - Authorization by the Food & Drug Administration is mandatory for DEA Registration approval. Enter the status of your FDA authorization and the FDA number.			
	SECTION 5. 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. Check that you are currently authorized by the state and provide your state license number. If state licensing is not required, indicate "Not required by this state".			
	SECTION 6. LIABILITY - Applicant must answer all four questions for the application to be accepted for processing			
	If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.			
	SECTION 7. CERTIFICATE OF EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government-operated narcotic treatment program.			
	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.			
	SECTION 8. 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 9. APPLICANT'S SIGNATURE - Must be the original signature (in ink) of the applicant.			

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 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.

NEW INST - Page 5

Form-363 APPLICATION FOR REGISTRATION Supplementary Instructions and Information CONTACT 1. INTERNET: Information can be found on our web site at www.deadiversion.usdoj.gov INFORMATION 2. TELEPHONE: Headquarters Call Center: (800) 882-9539 Drug Enforcement Administration P.O. Box 28083 Washington DC 20038-8083 3. WRITTEN INQUIRIES: 4. DEA OFFICES: DEA Offices are listed below (800, 877, and 888 are toll-free numbers). ATLANTA DIVISION OFFICE DETROIT DIVISION OFFICE PHILADELPHIA DIVISION OFFICE ATTN: Registration 75 Spring Street, SW, Suite 800 Atlanta, GA 30303 431 Howard Street Detroit, MI 48226 William J. Green Federal Building 600 Arch Street, Room 10224 Philadelphia, PA 19106 Kentucky Michigan (800) 230-6844 (800) 230-6844 (800) 230-6844 Georgia North Carolina Delaware (888) 393-8231 (888) 393-8231 (888) 219-8689 (866) 533-6983 Ohio Pennsylvania South Carolina Tennessee (888) 219-7898 **EL PASO DIVISION OFFICE** PHOENIX DIVISION OFFICE El Paso Federal Justice Center 600 South Mesa Hills Drive, Suite 2000 3010 N. 2nd Street, Suite 301 Phoenix, AZ 85012 BOSTON DIVISION OFFICE JFK Federal Building 15 New Sudbury Street, Room E400 Boston, MA 02203-0131 El Paso, TX 79912 (800) 741-0902 New Mexi∞ (915) 832-6014 SAN DIEGO DIVISION OFFICE (617) 557-2200 (888) 272-5174 (617) 557-2468 (888) 272-5174 (617) 557-2200 (888) 272-5174 HOUSTON DIVISION OFFICE 4560 Mewridge Avenue San Diego, CA 92123-1637 Maine Massachusetts New Hampshire Rhode Island 1433 West Loop South, Suite 600 Houston, TX 77027-9506 California (Southern (800) 284-1152 Texas (S. & Central) (800) 743-0595 SAN FRANCISCO DIVISION OFFICE Vermont LOS ANGELES DIVISION OFFICE 450 Golden Gate Avenue, 14th Floor P.O. Box 36035 CARIBBEAN DIVISION OFFICE 255 East Temple Street, 20th Floor Los Angeles, CA 90012 P.O. Box 2167 San Juan, PR 00922-2167 San Francis∞, CA 94102 California (S. Central) (213) 621-6960 Hawaii (888) 415-9822 Nevada (888) 415-9822 Trust Territory (213) 894-2216 California (Northern) (888) 304-3251 Puerto Rico (787) 775-1766 U.S. Virgin Islands (787) 775-1766 SEATTLE DIVISION OFFICE 400 Second Avenue, West Seattle, WA 98119 CHICAGO DIVISION OFFICE Kluczynski Federal Building 230 S. Dearborn Street, Suite 1200 MIAMI DIVISION OFFICE (888) 219-4261 (888) 219-4261 (888) 219-4261 (888) 219-1418 8400 N.W. 53rd Street Miami, FL 33166 Chicago, IL 60604 Idaho Oregon Washington (312) 353-1234 (312) 353-1236 (312) 353-9166 (312) 353-9166 (312) 353-1236 Florida (305) 590-4880 Indiana Minnesota North Dakota NEWARK DIVISION OFFICE ST. LOUIS DIVISION OFFICE 80 Mulberry Street, 2nd Floor Newark, NJ 07102 317 South 16th Street St. Louis, MO 63103 (888) 803-1179 (888) 803-1179 (888) 803-1179 (888) 803-1179 (888) 803-1179 DALLAS DIVISION OFFICE (888) 356-1071 10160 Technology Blvd., East Dallas, TX 75220 Kansas Missouri NEW ORLEANS DIVISION OFFICE 3838 N. Causeway Blvd Lakeway III, Suite 1800 Metairie, LA 70002 Nebraska South Dakota Oklahoma (888) 336-4704 Texas (Northern) (888) 336-4704 WASHINGTON, D.C. DIVISION OFFICE DENVER DIVISION OFFICE (888) 514-8051 (888) 514-7302 (888) 514-7302 (888) 514-7302 Techworld Plaza 800 K Street, N.W., Suite 500 Washington, D.C. 20001 Alabama 115 Inverness Drive, East Englewood, CO 80112 Arkansas Louisiana Mississippi (800) 326-6900 (800) 326-6900 (800) 326-6900 District of Columbia Maryland Virginia West Virginia Colorado (877) 801-7974 (877) 330-6670 (877) 801-7974 (877) 330-6670

NEW INST - Page 4

(877) 883-6789 (212) 337-1593 (212) 337-1594

NEW YORK DIVISION OFFICE

99 Tenth Avenue New York, NY 10011

New York

Montana Utah

Wyoming

(800) 326-6900

Form-363a	RENEWAL APPLICATION FOR REGISTRATION Under the Narcotic Addict Treatment Act of 1974	APPROVED OMB NO 1117-0015 FORM DEA-363a (11-05) Previous editions are obsolete	
INSTRUCTIONS 1. To apply by mail complete this application. Keep a copy for your records 2. Print clearly, using black or blue link, or use a typewriter. 3. Section 1 should be completed only if your information has changed. 4. Mail this form to the address provided in Section 7 or use enclosed envelope. 5. Include the correct payment amount. FEE IS NON-REFUNDABLE. 6. If you have any questions contact 800-882-9539 prior to submitting your application. 7. Save time - renew online at tww deadversion us/of gov.		REGISTRATION INFORMATION : DEA # REGISTRATION EXPIRES	
	IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.		
		FEE IS NON-REFUNDABLE	
SECTION 1 APP	PLICANT NTIFICATION		
	ty Name (if registration is for business entity or is fee exempt)		
Dustriess of Facing	y Name (it registration is for business entity or is fee exempt)		
للللللل			
Business or Facility	ty Name 2 ("doing business as", continuation of business name, or name of fee e	xempt institution)	
Address Line 1 (str	reet address)	, , , , , , , , , , , , , , , , , , , ,	
Address Line 2		101	
City		State Zip Code	
Busin as Phon N	Jumb√r Bu≿ness Fax Vumber		
DEBT COLLECT ON	To Month on Municipal		
INFORMATION Mandatory pursuant	Tax Identification Number		
Mandatory pursuant to Debt Collection Improvements Act		See note #3 on bottom of page 2.	
SECTION 2 DRUG SCHEDULES	Schedule II Schedule III		
Check all that apply	Check this box if you require official order forms - for purchase or transfer of sci	chedule II controlled substances.	
SECTION 3	Are you currently authorized by the Food and Drug Administration for the busines	ss activity described in this application?	
FDA PERMIT	YES PENDING NO		
Mandatory for approval		FDA Number	
SECTION 4 Are the	you currently authorized to prescribe, distribute, dispense, conduct research, or schedules for which you are applying under the laws of the state or jurisdiction in	otherwise handle the controlled substances in n which you are operating or propose to operate?	
STATE LICENSE(S)	YES, I have a license NOT REQUIRED by this state	State License Number	
	NOT REQUIRED by this state		
	RENEWAL - Page 1		

			_			
SECTION 5	Has the applicant ever been convicted of a crime in connection with controlled substances un	yes under state or federal law?	NO			
LIABILITY	Has the applicant ever surrendered (for cause) or had a federal controlled substance registrating restricted, or denied?	tion revoked, suspended,				
HIDODTANIT	 Has the applicant ever surrendered (for cause) or had a state professional license or controlle revoked, suspended, denied, restricted, or placed on probation? Is any such action pending 		П			
	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 controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?					
EXPLANATION OF "YES" ANSWERS	Date(s) of incident Location(s) of incident:					
Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers						
Use this space or attach a separate sheet and return with application	Result of incident:					
SECTION 6 CERTIFICATION OF EXEMPTION from application fee	Check this box if the applicant is a federal, state, or local government-operated narcotic trees a sure to enter name and address of the exempt institution in Section 1. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government program, and is exempt from payment of the application fee.					
Provide the name and phone number of the certifying official	Signature of certifying official (other than applicant) Date	e				
65 20	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 3 of instructions for important information.	Mail this form with payment	* **			
Check one form of payment only	American Express Discover Master Card Visa Credit Card Number Expiration Date	U.S. Department of Justice Drug Enforcement Administra P.O. Box 28083 Washington DC 20038-808	ce ation			
Sign if paying by credit card	Signature of Card Holder	FEE IS NON-REFUNDABL				
	Printed Name of Card Holder					
SECTION 8	I certify that the foregoing information furnished on this application is true and correct.	1000				
APPLICANT'S SIGNATURE Sign in ink	Signature of applicant	Date				
	Print or type name and title of applicant					
	WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intri fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not	entionally furnishes false or more than \$30,000, or both.				
In accordance with the valid OMB control num the time for reviewing. The Debt Collection In This number is require. PRIVACY ACT INFOR.	rissued unless a completed application form has been received (21 CFR 1301-13). If the prevent Reduction Act of 1965, no person is required to respond to a collection of information unless it disjuncted for this collection is 117-70015. Public reporting burden for this collection of information is estimated to available for this collection. Searching existing data sources, gathering and maintaining the data needed, and completing and migrovements Act of 1960 (Pt. 104-13) requires that you furnish your Taxpayer identifying Number andor Society of collection procedures should your fee become uncollectable. PLANTICH.	verage 30 minutes per response, including it reviewing the collection of information, tal Security Number on this application.				
AUTHORITY PURPOSE: ROUTINE US	taypayer identifying number and/or social security number). To obtain information required to register applicants pursuant to the Controlled Substances Act of 19. SES: The Controlled Substances Act Registration Records produces special reports as required for statist information from this system are made to the following categories of users for the purposes stated: A. Other federal law enforcement and reculatory apencies for law enforcement and reculatory purpose.	970. tical analytical purposes. Disclosures of				
EFFECT	B State and local law enforcement and regulatory agencies for law enforcement and regulatory purp C. Persons registered under the Controlled Substances Act (FL 91-513) for the purpose of venfying t Failure to complete form will preclude processing of the application. RENEWAL - Page 2	moses				

Form-363a	APPLICATION FOR RENEWAL Supplementary Instructions and Information		
ADDITIONAL INSTRUCTIONS		APPLICANT IDENTIFICATION - Entry of missing data or corrections ONLY must be typed or printed in the blocks provided to help reduce data entry errors. Enter changes in previously provided registration information, such as name change, address correction, or new phone numbers.	
		Fee exempt applicant should list the name and address of the fee exempt institution.	
		A physical address is required; a post office box may be included after the street address.	
		Applicant should ensure that the tax identification number (TIN) on record is correct. Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.	
	SECTION 2.	DRUG SCHEDULES - Applicant should check all drug schedules to be handled. However, applicants must still comply with state requirements; federal registration does not overrule state restrictions.	
		Check the order form box only if you intend to purchase or to transfer schedule II controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration renewal.	
	SECTION 3.	FDA PERMIT - Authorization by the Food & Drug Administration is mandatory for DEA Registration approval. Enter the status of your FDA authorization and the FDA number.	
	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. Check that you are currently authorized by the state and provide your state license number. If state licensing is not required, indicate "Not required by this state".	
	SECTION 5.	LIABILITY - Applicant must answer all four questions for the application to be accepted for processing	
		If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.	
	SECTION 6.	CERTIFICATE OF EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government-operated narcotic treatment program.	
		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.	
	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 - Must be the original signature (in ink) of the applicant.	

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 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.

RENEWAL INST - Page 3

Form-363a	APPLICATION FOR RENEWAL Supplementary Instructions and Information						
CONTACT	1. INTERNET:	Information ca	Information can be found on our web site at www.deadiversion usdoj gov Headquarters Call Center: (800) 882-9539 Drug Enforcement Administration P.O. Box 28083 Washington DC 20038-8083				
NFORMATION	2. TELEPHONE:						
	3. WRITTEN INQUIRIES	Drug Enforcen					
	4. DEA OFFICES: DEA Offices are listed below (800, 877, and 888 are toll-free numbers).						
ATLANTA DIVIS ATTN: Registrati 75 Spring Street Atlanta, GA 3030	on 4 . SW, Suite 800 D	ETROIT DIVISION 31 Howard Street betroit, MI 48226	OFFICE	PHILADELPHIA DIV William J. Green Fed 600 Arch Street, Roc	leral Building m 10224		
Atlanta, OA 3030	K	entucky	(800) 230-6844	Philadelphia, PA 191	06		
Georgia North Carolina South Carolina	(888) 869-9935 N	lichigań Phio	(800) 230-6844 (800) 230-6844 (800) 230-6844	Delaware Pennsylvania	(888) 393-823 (888) 393-823		
Tennessee (888) 219-7898 BOSTON DIVISION OFFICE JFK Federal Building		EL PASO DIVISION OFFICE El Paso Federal Justice Center 600 South Mesa Hills Drive, Suite 2000		PHOENIX DIVISION OFFICE 3010 N. 2nd Street, Suite 301 Phoenix, AZ 85012			
15 New Sudbury Boston, MA 0220	Street, Room E400	I Paso, TX 79912 lew Mexico	(915) 832-6014	Arizona	(800) 741-090		
		ew Mexico	(313) 632-6014	SAN DIEGO DIVISIO	ON OFFICE		
Connecticut Maine Massachusetts	(888) 272-5174	OUSTON DIVISION 433 West Loop Sout louston, TX 77027-9	th, Suite 600	4560 Viewridge Aver San Diego, CA 9212	iue 3-1637		
New Hampshire Rhode Island	(617) 557-2200	exas (S. & Central)	(800) 743-0595	California (Southern	(800) 284-115		
CARIBBEAN DIVISION OFFICE P.O. Box 2167		LOS ANGELES DIVISION OFFICE 255 East Temple Street, 20th Floor Los Angeles, CA 90012 SAN FRANCISCO DIVI 450 Golden Gate Avenu P.O. Box 36035 San Francisco, CA 9410		enue, 14th Floor			
San Juan, PR 00		alifornia (S. Central)	(213) 621-6960	California (Northern)	(888) 304-325		
Puerto Rico U.S. Virgin Island	(787) 775-1766 H ds (787) 775-1766 N	awaii evada rust Territory	(888) 415-9822 (888) 415-9822 (213) 894-2216	SEATTLE DIVISION 400 Second Avenue.	OFFICE		
CHICAGO DIVIS	ION OFFICE			Seattle, WA 98119	west		
Kluczynski Feder 230 S. Dearborn Chicago, IL 6060	Street, Suite 1200 8-	IIAMI DIVISION OFI 400 N.W. 53rd Stree liami, FL 33166		Alaska Idaho	(888) 219-426 (888) 219-426 (888) 219-426		
Illinois Indiana	(312) 353-1234 FI	lorida	(305) 590-4880	Oregon Washington	(888) 219-426 (888) 219-141		
Minnesota North Dakota Wisconsin	(312) 353-1234 (312) 353-1236 (312) 353-9166 (312) 353-9166 (312) 353-1236 N	NEWARK DIVISION OFFICE 80 Mulberry Street, 2nd Floor Newark, NJ 07102		ST. LOUIS DIVISION OFFICE 317 South 16th Street St. Louis, MO 63103			
DALLAS DIVISION 10160 Technolog		ew Jersey	(888) 356-1071	lowa Kansas	(888) 803-1179 (888) 803-1179		
Dallas, TX 75220) N	EW ORLEANS DIV 338 N. Causeway Bl	lvd	Missouri Nebraska	(888) 803-1179 (888) 803-1179		
Oklahoma Texas (Northern)		akeway III, Suite 180 letairie, LA 70002	00	South Dakota	(888) 803-1179		
DENVER DIVISION 115 Inverness Dr. Englewood, CO 8	ive, East Au B0112 Lo M	labama rkansas puisiana ississippi	(888) 514-8051 (888) 514-7302 (888) 514-7302 (888) 514-7302	WASHINGTON, D.C. Techworld Plaza 800 K Street, N.W., S Washington, D.C. 20			
Colorado Montana Utah Wyoming	(800) 326-6900 (800) 326-6900 N (800) 326-6900 95	EW YORK DIVISION Tenth Avenue ew York, NY 10011		District of Columbia Maryland Virginia West Virginia	(877) 801-7974 (877) 330-6670 (877) 801-7974 (877) 330-6670		
	N	ew York	(877) 883-5789 (212) 337-1593 (212) 337-1594				

RENEWAL INST - Page 4