

APPENDIX J SAMPLE DEA APPLICATION

Form-224

APPLICATION FOR REGISTRATION Under the Controlled Substances Act

APPROVED OMB NO 1117-0014
FORM DEA-224 (9-05)
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 ink, or use a typewriter.
3. Mail this form to the address provided in Section 7 or use enclosed envelope.
4. Include the correct payment amount. FEE IS NON-REFUNDABLE.
5. If you have any questions call 800-882-9539 prior to submitting your application.
6. Save time - **apply online at www.dea diversion.usdoj.gov**.

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.

REGISTRATION INFORMATION :

\$390.00

FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

Last Name (if registration is for individual) -OR- Business or Facility Name (if registration is for business entity)

First Name (if registration is for individual)

Middle Initial

Business or Facility Name 2 ("doing business as", continuation of business name, or name of fee exempt institution)

Address Line 1 (street address)

Address Line 2

City

State Zip Code

Business Phone Number

Business Fax Number

DEBT COLLECTION INFORMATION

Tax Identification Number (if registration is for business)

Social Security Number (if registration is for individual)

Mandatory pursuant to Debt Collection Improvements Act

Provide SSN or TIN. See note #3 on bottom of page 2

SECTION 2 BUSINESS ACTIVITY

Check one box only
See page 3 for additional instructions

Hospital/Clinic

Ambulance Service

Practitioner (DDS, DMD, DO, DPM, DVM, MD or PHD)

PROFESSIONAL DEGREE

Nursing Home

Animal Shelter

Practitioner Military (DDS, DMD, DO, DPM, DVM, MD or PHD)

Practitioners and MLPs : Enter your professional degree from list

Central Fill Pharmacy

Teaching Institution

Mid-level Practitioner (MLP) (DOM, HMD, MP, ND, NP, OD, PA, or RPH)

Retail Pharmacy

Automated Dispensing System

Euthanasia Technician

FOR Automated Dispensing System (ADS) ONLY:

DEA Registration # of Retail Pharmacy for this ADS

An ADS is automatically fee-exempt. Skip Section 6 and Section 7 on page 2. You must attach a notarized affidavit.

SECTION 3 DRUG SCHEDULES

Check all that apply

Schedule II Narcotic

Schedule III Narcotic

Schedule IV

Schedule II Non-Narcotic

Schedule III Non-Narcotic

Schedule V

Check this box if you require official order forms for purchase of schedule II narcotic/schedule II non-narcotic controlled substances

SECTION 4

Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?

STATE LICENSE(S)

YES PENDING NO

Be sure to include both state license numbers if applicable

State License Number

State Controlled Substance License Number (if required)

SECTION 5

LIABILITY

IMPORTANT

All questions in this section must be answered.

1. Has the applicant ever been **convicted of a crime** in connection with controlled substance(s) under state or federal law? YES NO
2. Has the applicant ever surrendered (for cause) or had a **federal** controlled substance registration revoked, suspended, restricted, or denied?
3. Has 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?**
4. If the applicant is a **corporation** (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been **convicted of a crime** in connection with controlled substance(s) 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**

Nature of incident:

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 hospital, institution or official. **Be sure to enter the 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-operated hospital, institution or official, 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

Print or type name and title of certifying official

Telephone No. (required for verification)

SECTION 7

METHOD OF PAYMENT

Check one form of payment only

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

American Express Discover Master Card Visa

Credit Card Number

Expiration Date

Sign if paying by credit card

Signature of Card Holder

Printed Name of Card Holder

Mail this form with payment to:

U.S. Department of Justice
Drug Enforcement Administration
P.O. Box 28083
Washington, DC 20038-8083

FEE IS NON-REFUNDABLE**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 Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000, or both.

- No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
- In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.
- The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable.

4. PRIVACY ACT INFORMATION

AUTHORITY:

Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1996 (PL 104-134) (for taxpayer identifying number and/or social security number).

PURPOSE:

To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970.

ROUTINE USES:

The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers.

EFFECT:

Failure to complete form will preclude processing of the application.