

Guideline for Obtaining a Research Drug Enforcement Agency (DEA) License for Controlled Drugs

All ASU Principal Investigators who possess controlled substances for animal-based teaching or research must obtain and maintain their own Research DEA license. The license is free and relatively easy to apply for. To aid in the process, we have created tutorials for both obtaining your original license and for renewing an existing license (which must be done on an annual basis).

Applying for a Research DEA License:

Original Application - To obtain a new DEA license for research purposes, log on to the DEA website at <https://www.deadiversion.usdoj.gov> and click on "New Applications." Once redirected, see the pages below for step-by-step instructions for completing this online application. The application takes about 15 minutes to complete, but it can take 6 weeks to obtain the license so plan ahead. If you require additional assistance during the application process, you may contact the DEA office in Phoenix directly (602-605-6547) or DACT (Dr. Dale DeNardo, denardo@asu.edu, 480-965-3325).

Application Renewal – The DEA license needs to be renewed annually. Use the same DEA website address (<https://www.deadiversion.usdoj.gov>), but select "Renewal Applications" instead. Then, scroll past the tutorial below on "Applying for a New DEA License" and follow the step-by-step tutorial for "Renewing a DEA License".

Applying for a New DEA License

Select "New Application".



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION

DIVERSION CONTROL DIVISION

[HOME](#) | [REGISTRATION](#) | [REPORTING](#) | [RESOURCES](#) | [ABOUT US](#)

Need to Obtain or Renew Your DEA Registration?

Save Time, Apply Online

Registration Support

Call: 1-800-882-9539 (8:30 am-5:50 pm ET)
Email: DEA.Registration.Help@usdoj.gov
[Locate Field Registration Specialists](#)

- New Applications**
- Renewal Applications
- Registration Changes (Address, Drug Code, Name, Schedule)
- CMEA (Combat Meth Epidemic Act)
- Registration for Disposal of Controlled Substances
- Duplicate Certificate Request
- Duplicate Receipt of Registration
- Order Forms (DEA 222)
- Registration Validation
- [Search for an Authorized Collector Location](#)

What's New

Get Email Updates:

- DEA Internal Directive Regarding the Presence of Cannabinoids in Products and Materials Made from the Cannabis Plant (May 22, 2018)
- Bulk Manufacturer of Controlled Substances Registration (May 15, 2018)
- Patheon API Manufacturing, Inc. (May 15, 2018)
- Donald Kenneth Shreves, D.V.M.; Dismissal of Proceeding (May 15, 2018)
- Mylan Pharmaceuticals, Inc. (May 15, 2018)
- Rhodes Technologies (May 15, 2018)
- Xcellence (May 15, 2018)
- Proposed Rule: Placement of beta-Hydroxythiofentanyl Into Schedule I (May 10, 2018)
- Temporary Rule: Extension: Placement of beta-Hydroxythiofentanyl in Schedule I of the Controlled Substances Act (May 10, 2018)

In The News

- DEA brings in record number of unused pills during 15th annual National Prescription Drug Take Back Day (May 7, 2018)
- DEA suspends the registration of Morris and Dickson Company from distributing controlled substances (May 4, 2018)
- DEA working to avoid U.S. drug shortages (April 10, 2018)
- DEA surge in drug diversion investigations leads to 28 arrests and 147 revoked registrations (April 2, 2018)

DEA Forms & Applications

Publications & Manuals

Questions & Answers

Meetings & Events

Quick Links

- ARCOS (Automation of Reports & Consolidated Orders System)
- Cases Against Doctors
- Chemical Control Program
- Controlled Substance Schedules
- CSOS (Controlled Substances Ordering System)
- EPSC (Electronic Prescriptions for Controlled Substances)
- DEA Form 106: Report Theft or Loss of Controlled Substances
- Drug Theft/Loss Reports for 2014-2016
- Find Your Local DEA Office
- Mailing Addresses for Topics Related to Title 21 CFR
- Medical Missions
- Submit a Tip to DEA

EMERGENCY DISASTER RELIEF

DEA NATIONAL Rx TAKEBACK

National Prescription Drug Take Back Day

Report Illicit Pharmaceutical Activities

RX ABUSE ONLINE

[HOME](#) | [CONTACT US](#) | [A-Z SUBJECT INDEX](#) | [PRIVACY NOTICE](#) | [WEBSITE ASSISTANCE](#)

<h4>REGISTRATION</h4> <ul style="list-style-type: none">ApplicationsToolsResourcesCMEA Required Training & Self-CertificationQuota Applications <h4>ABOUT US</h4> <ul style="list-style-type: none">Program DescriptionCustomer Service PlanDEA Forms & ApplicationsMailing AddressesMeetings & EventsWhat's New	<h4>REPORTING</h4> <ul style="list-style-type: none">ARCOSBCM OnlineChemical Import/Export DeclarationsCSOS (Controlled Substances Ordering System)Drug Theft/LossImport/ExportMedical MissionsRegistrant Record of Controlled Substances DestroyedQuotasReports Required by 21 CFRSubmit a Tip to DEAYear-End Reports	<h4>RESOURCES</h4> <ul style="list-style-type: none">Cases Against DoctorsChemical Control ProgramCMEA (Combat Meth Epidemic Act)Controlled Substance SchedulesDATA Waived PhysiciansDrug Disposal InformationDrug and Chemical InformationE-commerce InitiativesFederal Agencies & Related LinksFederal Register Notices	<ul style="list-style-type: none">National Prescription Drug Take Back DayNPLISPublications & ManualsQuestions & AnswersSignificant Guidance DocumentsSynthetic DrugsTitle 21 Code of Federal RegulationsTitle 21 USC Codified CSA  <p>DIVERSION CONTROL DIVISION</p>
---	---	--	---

U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
Diversion Control Division • 8701 Morrisette Drive • Springfield, VA 22152 • 1-800-882-9539

[DEA.GOV](#) | [JUSTICE.GOV](#) | [USA.GOV](#) | [REGULATIONS.GOV](#)

DOJ Legal Policies and Disclaimers | DOJ Privacy Policy | FOIA | Section 508 Accessibility

Select "Researcher".



Application for Registration Under Controlled Substances Act of 1970 (New Applicants Only)

ON-LINE REGISTRATION CONSISTS OF SIX (6) SECTIONS. Please have the following information available **before** you begin the application:

Section 1. Personal/Business Information

If you are applying for an Individual Registration (Practitioner, MLP, Researcher) you are required to provide your Full Name, Address, Social Security Number, and Phone Number. If you are applying for a Business Registration, you are required to provide the Name of the Business, Address, Tax ID, and Phone Number.

Section 2. Activity

Business Activity and Drug Schedule information. **In addition** - Certain registrants for forms 225 and 510 will need to provide specific drug codes and/or chemical codes related to their operations.

Section 3. State License(s)

It is mandatory to provide State medical and/or controlled substance licenses/registrations. Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn **WITHOUT refund**.

Section 4. Background Information

Information pertaining to controlled substances in the applicant's background.

Section 5. Payment

Payment, via this on-line application, must be made with a Visa or MasterCard, American Express, or Discover. **Application fees are not refundable.**

Section 6. Confirmation

Applicants will confirm the entered information, make corrections if needed, and electronically submit the application and a submission confirmation will be presented. Applicants will be able to print copies for their records.

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

Select Your Business Category

Form 224

[Practitioner \(MD, DO, DDS, DMD, DVM, DPM\)](#)
[Mid Level Practitioner \(NP, PA, OD, etc.\)](#)
[Pharmacy](#)
[Hospital/Clinic](#)
[Teaching Institution](#)

Form 225

[Manufacturer](#)
[Importer](#)
[Exporter](#)
[Distributor](#)
[Rev. Distributor](#)
[Researcher](#)
[Cannabis Handler](#)
[Analytical Lab](#)

Form 510

[Chemical Manufacturer](#)
[Chemical Importer](#)
[Chemical Exporter](#)
[Chemical Distributor](#)

Form 363

[Narcotic Treatment Clinics](#)

Select One Business Activity

Applying for a registration with the wrong Business Category/Activity will cause either delay in processing your application or the withdrawal of your application. If you are not certain of your Business Category/Activity, please contact DEA Customer Service at 1-800-882-9539.

Please do not use your browser's BACK and FORWARD buttons while navigating this form.

Begin

-Cancel-

ADDITIONAL INFORMATION

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is (See Above). Public reporting burden for this collection of information is estimated to average (See Above) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.
3. The Debt Collection Improvements Act of 1996 (31 U.S.C. §7701) requires that you furnish your Taxpayer Identification Number (TIN) or Social Security Number (SSN) on this application. This number is required for debt collection procedures if your fee is not collectible.
4. **PRIVACY ACT NOTICE:**
Providing information other than your SSN or TIN is voluntary; however, failure to furnish it will preclude processing of the application. The authorities for collection of this information are §§302 and 303 of the Controlled Substances Act (CSA) (21 U.S.C. §§822 and 823). The principle purpose for which the information will be used is to register applicants pursuant to the CSA. The information may be disclosed to other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes, State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes, and person registered under the CSA for the purpose of verifying registration. For further guidance regarding how your information may be used or disclosed, and a complete list of the routine uses of this collection, please see the DEA System of Records Notice "Controlled Substances Act Registration Records" (DEA-005), 52 FR 47208, December 11, 1987, as modified.

[DIVERSION CONTROL PRIVACY POLICY](#)

After selecting "Researcher", a "Please Select" box will appear. Within that box, select "RESEARCHER (II-V) (\$244 / 1 yrs)". Even with this selection, you will be exempt from paying. Click "Begin".



Application for Registration Under Controlled Substances Act of 1970 (New Applicants Only)

ON-LINE REGISTRATION CONSISTS OF SIX (6) SECTIONS. Please have the following information available before you begin the application:

Section 1. Personal/Business Information

If you are applying for an Individual Registration (Practitioner, MLP, Researcher) you are required to provide your Full Name, Address, Social Security Number, and Phone Number. If you are applying for a Business Registration, you are required to provide the Name of the Business, Address, Tax ID, and Phone Number.

Section 2. Activity

Business Activity and Drug Schedule information. In addition - Certain registrants for forms 225 and 510 will need to provide specific drug codes and/or chemical codes related to their operations.

Section 3. State License(s)

It is mandatory to provide State medical and/or controlled substance licenses/registrations. Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn WITHOUT refund.

Section 4. Background Information

Information pertaining to controlled substances in the applicant's background.

Section 5. Payment

Payment, via this on-line application, must be made with a Visa or MasterCard, American Express, or Discover. Application fees are not refundable.

Section 6. Confirmation

Applicants will confirm the entered information, make corrections if needed, and electronically submit the application and a submission confirmation will be presented. Applicants will be able to print copies for their records.

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

Select Your Business Category

Form 224

[Practitioner \(MD, DO, DDS, DMD, DVM, DPM\)](#)
[Mid Level Practitioner \(NP, PA, OD, etc.\)](#)
[Pharmacy](#)
[Hospital/Clinic](#)
[Teaching Institution](#)

Form 225

[Manufacturer](#)
[Importer](#)
[Exporter](#)
[Distributor](#)
[Rev. Distributor](#)
[Researcher](#)
[Canine Handler](#)
[Analytical Lab](#)

Form 510

[Chemical Manufacturer](#)
[Chemical Importer](#)
[Chemical Exporter](#)
[Chemical Distributor](#)

Form 363

[Narcotic Treatment Clinics](#)

Select One Business Activity

Applying for a registration with the wrong Business Category/Activity will cause either delay in processing your application or the withdrawal of your application. If you are not certain of your Business Category/Activity, please contact DEA Customer Service at 1-800-882-9539.

Please do not use your browser's BACK and FORWARD buttons while navigating this form.

Begin

-Cancel-

ADDITIONAL INFORMATION


1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is (See Above). Public reporting burden for this collection of information is estimated to average (See Above) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.
3. The Debt Collection Improvements Act of 1996 (31 U.S.C. §7701) requires that you furnish your Taxpayer Identification Number (TIN) or Social Security Number (SSN) on this application. This number is required for debt collection procedures if your fee is not collectible.

4. PRIVACY ACT NOTICE:

Providing information other than your SSN or TIN is voluntary; however, failure to furnish it will preclude processing of the application. The authorities for collection of this information are §§302 and 303 of the Controlled Substances Act (CSA) (21 U.S.C. §§822 and 823). The principle purpose for which the information will be used is to register applicants pursuant to the CSA. The information may be disclosed to other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes, State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes, and person registered under the CSA for the purpose of verifying registration. For further guidance regarding how your information may be used or disclosed, and a complete list of the routine uses of this collection, please see the DEA System of Records Notice "Controlled Substances Act Registration Records" (DEA-005), 52 FR 47208, December 11, 1987, as modified.

[DIVERSION CONTROL PRIVACY POLICY](#)

Complete this entire page; then click "Next ->".


U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION

DIVERSION CONTROL DIVISION

1. General Information (Page 1)

<p style="font-size: 0.8em; margin: 0;">Please make any required changes to the address information on this page. If you have not changed your address, please select Next to continue.</p> <p style="margin: 0;">General Instructions.</p>	<p>* Last Name <input style="width: 100%;" type="text"/></p> <p>* First Name, Middle Initial, (Degree) <input style="width: 100%;" type="text"/></p> <p>Additional Company Information <input style="width: 100%;" type="text"/></p> <p>* Business Address Line 1 <input style="width: 100%;" type="text"/></p> <p>Address (Line 2) <input style="width: 100%;" type="text"/></p> <p>* City <input style="width: 100%;" type="text"/></p> <p>* State <input style="width: 100%;" type="text"/></p> <p>* Zip <input style="width: 100%;" type="text"/></p> <p>* Business Phone Number (<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> Ex. <input style="width: 20px;" type="text"/></p> <p>* Business Email Address <input style="width: 100%;" type="text"/></p> <p>Contact Name <input style="width: 100%;" type="text"/></p> <p>* Contact Cell Phone Number (<input style="width: 20px;" type="text"/>) <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/></p> <p>Mailing Address <input type="checkbox"/> (Check if same as business address)</p> <p>Additional Company Information <input style="width: 100%;" type="text"/></p> <p>*Mail to: Address Line 1 <input style="width: 100%;" type="text"/></p> <p>Mailing Address (Line 2) <input style="width: 100%;" type="text"/></p> <p>* City <input style="width: 100%;" type="text"/></p> <p>* State <input style="width: 100%;" type="text"/></p> <p>* Zip <input style="width: 100%;" type="text"/></p> <p style="font-size: 0.8em; color: #4b4b8b;">Fields with a (*) are required.</p> <p style="text-align: center;"><input type="button" value="-Cancel-"/> <input type="button" value="Next->"/></p>
---	--

Enter your social security number and check the fee exemption box. Then click "Next ->".


U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION

DIVERSION CONTROL DIVISION

1. Personal Information (Page 2)

<p style="font-size: 0.8em; margin: 0;">Please select a Tax ID or Social Security Number if no Tax ID is available. OR certify that you are Fee Exempt.</p> <p style="margin: 0;">General Instructions.</p>	<p>Enter a Social Security Number or Taxpayer Identifying Number If you are Fee Exempt, check the Fee Exempt box below and supply the required information.</p> <p>Tax ID <input style="width: 100%;" type="text"/> (No dashes or spaces.)</p> <p>SSN <input style="width: 100%;" type="text"/> (No dashes or spaces.)</p> <p>For Fee Exempt applicants ONLY:</p> <p style="font-size: 0.8em;">By checking this box, the applicant hereby CERTIFIES that they are a Government employee (not a contractor) of a federal, state, or local government agency, or if an institution, it is OPERATED by a government agency and is exempt from the payment of the application fee.</p> <p><input checked="" type="checkbox"/> CERTIFICATION FOR FEE EXEMPTION - Government Only</p> <p style="font-size: 0.8em;">If you select Fee Exempt, the next page will prompt you to provide the Name, Title, and phone number of the Certifying Official (applicants must not certify themselves).</p>
---	--

Fill in the information exactly as shown in the picture. Then click "Next ->".

 <p>U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION</p> <h1>DIVERSION CONTROL DIVISION</h1>	
HELP 1. Personal Information (Page 3 - Fee Exempt Details)	
Certifier's Approval Checkbox: Click here to indicate that the certifying official agrees to the terms outlined on the Fee Exempt page. General Instructions.	Please provide the Name, Title, and phone number of the Certifying Official (applicants must not certify themselves).
	* Name of Fee Exempt Institution (Must be a Federal, State, or County Agency) <input type="text" value="Arizona State University"/>
	* Certifying Official Name (other than applicant) <input type="text" value="Dale DeNardo"/>
	* Certifying Official Title <input type="text" value="Attending Veterinarian"/>
	* Certifying Official Email <input type="text" value="denardo@asu.edu"/>
* Certifying Official Phone Number (<input type="text" value="480"/>) <input type="text" value="965"/> - <input type="text" value="3325"/> Ex. <input type="text"/>	
By checking the following box, the applicant states that the certifying official listed above has consented to be named on this application for the purpose of certifying the applicant's Fee Exempt status.	
THE FEE EXEMPT REGISTRATION IS RESTRICTED FOR GOVERNMENT WORK ONLY. IT MAY NOT BE USED AT NON-GOVERNMENT FACILITIES.	
<input checked="" type="checkbox"/> I have read the above, and agree.	
<i>Fields with a (*) are required.</i>	
<input style="margin-right: 20px;" type="button" value=" <- Previous "/> <input style="margin-right: 20px;" type="button" value=" Next -> "/> <input style="margin: 0 auto;" type="button" value=" -Cancel- "/>	

Select the drug schedules that you will be using. Schedules of frequently used include:

<u>drug</u>	<u>schedule</u>
buprenorphine	III narcotic
diazepam	IV non-narcotic
euthanasia solution	III non-narcotic
Fatal-Plus	II non-narcotic
hydromorphone	II narcotic
ketamine	III non-narcotic
methohexital (Brevital)	IV non-narcotic
oxymorphone	II narcotic
tramadol	IV narcotic

Find all drug schedules at: https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf

Also, if you use schedule I or II drugs, check the box to receive the needed order forms. Click “Next ->”.

U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

HELP 2. Business Activity/Schedules

Your business activity is: RESEARCHER (II-V)

Please make any requested changes to your registered schedules below, and select Next to continue.

DRUG SCHEDULES [see schedules](#)

Select all that apply

Schedule II Narcotic Schedule III Non Narcotic
 Schedule II Non Narcotic Schedule IV
 Schedule III Narcotic Schedule V

Check here if you require order forms to only purchase Schedule I and II from suppliers.

Fields with a (*) are required.

<-Previous Next->

-Cancel-

Skip this page, and simply select “Next ->”.

U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

HELP 3. State Licenses

All applicants are required to answer the following:

You must be 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.

Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn **WITHOUT refund**

leave this entire section blank

State License Number:

State License State:


Expire Date:

Sections with a (*) require all data fields to be entered.

<-Previous Next->

-Cancel-

Answer these questions; then click on “Next ->”.



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION

DIVERSION CONTROL DIVISION

HELP

Questions Applicants must answer all questions. NOTE: If question 4 is not applicable to you, select 'No.'

[General Instructions.](#)

4 Background Information

All applicants are required to answer the following 4 questions:

(1) * Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or any such action pending?

Yes No

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

Yes No

(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, or is any such action pending?

Yes No

(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 or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?

Yes No

Fields with a (*) are required.

<-Previous

Next->

-Cancel-

Typically, you can skip this section and simply click on "Next ->".

Select a schedule to add drug codes for that schedule.

Schedule I *

Schedule II Narcotic *

Schedule II Non Narcotic *

Schedule III Narcotic *

Schedule III Non Narcotic *

Schedule IV *

Schedule V *

List I Chemicals *

Schedules marked with a "*" do not require drug codes to be entered.

You have not selected any schedules which require drug code input. You may select "Next" below to continue.

Select Drug Codes

You have not selected any schedules which require drug code input. You may select "Next" below to continue.

More details regarding drug schedules can be found in [21 CFR 1308](#).

Drug Codes Selected

- No Codes Selected -

<-Previous

Next->

-Cancel-

Review, e-sign, and submit.



Summary of Information

Please review your responses. Click the change buttons on the left to make any required changes, then submit the application using the Submit button below.

STEP -1 PERSONAL INFO	
Change	First Name, MI:
	Last Name:
	Address:
	City:
	State:
	Zip:
	Phone:
	POC Cell Phone:
	Business Email:
	Contact Name:
Change	SSN:
	Tax ID:
	Fee Exempt:
Change	Institution Name:
	Certifying Official's Name:
	Certifying Official's Title:
	Certifying Official's Phone:
STEP -2 BUSINESS ACTIVITY	
Change	Business Activity:
	Drug Schedule:
	Requested Order Forms?
STEP -3 STATE LICENSES	
Change	State License:
STEP -4 BACKGROUND	
Change	Background Questions:
Change	Drug Codes Selected: Drug Codes

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

By typing my full name in the space below, I hereby certify that the foregoing information furnished on this electronic DEA application is true and correct and understand that this constitutes an electronic signature for purposes of this electronic DEA application only.

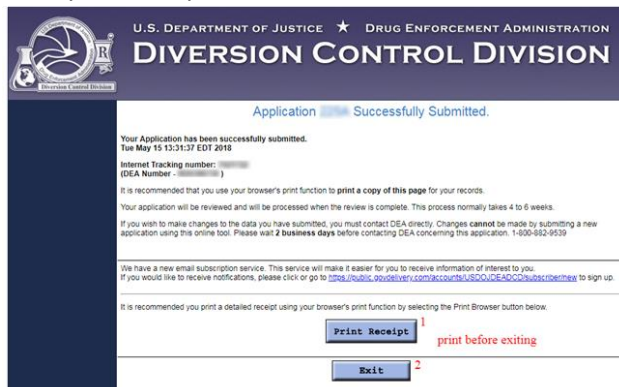
* Name of Applicant (For individual registrants, the registrant themselves MUST complete this E-Signature) or name of Officer of the Corporation/Company

* e-Signature:

This electronic DEA application must be certified by the applicant/registrant, if an individual; by a partner of the applicant, if a partnership; or by an officer of the applicant, if a corporation, corporate division, association, trust, or other entity. See 21 C.F.R. § 1301.130 for more information on who can certify this application.

Once you select the Submit Button below, your application will be submitted, and no further changes will be possible using this online form.

Print your receipt and exit. You're done!



Renewing a DEA License

Click on "Renewal Application".

U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

HOME REGISTRATION REPORTING RESOURCES ABOUT US

Need to Obtain or Renew Your DEA Registration?
Save Time, Apply Online

Registration Support
Call: 1-800-882-9539 (8:30 am-5:50 pm ET)
Email: DEA.Registration.Help@usdoj.gov
Locate Field Registration Specialists

New Applications
Renewal Applications
Registration Changes (Address, Drug Code, Name, Schedule)
CMEA (Combat Meth Epidemic Act)
Registration for Disposal of Controlled Substances
Duplicate Certificate Request
Duplicate Receipt of Registration
Order Forms (DEA 222)
Registration Validation
Search for an Authorized Collector Location

What's New **Get Email Updates:**

Bulk Manufacturer of Controlled Substances Registration (May 15, 2018)
Patheon API Manufacturing, Inc. (May 15, 2018)
Donald Kenneth Shreves, D.V.M.; Dismissal of Proceeding (May 15, 2018)
Mylan Pharmaceuticals, Inc. (May 15, 2018)
Rhodes Technologies (May 15, 2018)
Xcelience (May 15, 2018)
Proposed Rule: Placement of beta-Hydroxythiofentanyl Into Schedule I (May 10, 2018)
Temporary Rule; Extension: Placement of beta-Hydroxythiofentanyl in Schedule I of the Controlled Substances Act (May 10, 2018)
William R. Montiel, M.D.; Decision and Order (May 8, 2018)

In The News

DEA brings in record number of unused pills during 15th annual National Prescription Drug Take Back Day (May 7, 2018)
DEA suspends the registration of Morris and Dickson Company from distributing controlled substances (May 4, 2018)
DEA working to avoid U.S. drug shortages (April 10, 2018)

DEA Forms & Applications

Publications & Manuals

Questions & Answers

Meetings & Events

Quick Links

ARCOS (Automation of Reports & Consolidated Orders System)
Cases Against Doctors
Chemical Control Program
Controlled Substance Schedules
CSOS (Controlled Substances Ordering System)
EPCS (Electronic Prescriptions for Controlled Substances)
DEA Form 106: Report Theft or Loss of Controlled Substances
Drug Theft/Loss Reports for 2014-2016
Find Your Local DEA Office

Enter the requested information, which can be found on your current license.

DEA Registration Renewal Form Login:

DEA Number (Not Case Sensitive)

Last Name or Business Name (Not Case Sensitive) As it appears on your CURRENT DEA Certificate of Registration.

Example: If "Smith, John Q MD" is on your registration/application, then enter: Smith

If "Smith's, Pharmacy" is on your registration/application, then enter: Smith's

If "Smith's Pharmacy" (no comma) is on your registration, then enter: Smith's Pharmacy

SSN (Required if provided on last application for a DEA registration)

Tax ID(Required if provided on last application for a DEA registration)


Current Expiration Date Current Expiration Date (In most cases, you will NOT be able to access your registration information if today's date is more than sixty (60) days prior to the expiration date)

State (from DEA Certificate of Registration)

Zip (from DEA Certificate of Registration)

Please do not use your browser's BACK and FORWARD buttons while navigating this form.

Your social security number should self-populate, so simply check the fee exemption box.

 U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

HELP 1. Personal Information (Page 2)

Certification for Fee Exemption Checkbox: Title 21 CFR 1301.21(a) (2) exempts from payment of the fee for registration or re-registration any hospital or other institution which is operated by an agency of the United States, any state, or any political subdivision of agency thereof, or, an individual who is required to obtain a registration in order to carry out his/her duties as an official of the Federal or State agency.

[General Instructions.](#)

Enter a Social Security Number or Taxpayer Identifying Number
If you are Fee Exempt, check the Fee Exempt box below and supply the required information.

Tax ID (No dashes or spaces.)

SSN **should self-populate**
[Cannot be changed using this online form.]


For Fee Exempt applicants ONLY:

By checking this box, the applicant hereby CERTIFIES that they are a Government employee (not a contractor) of a federal, state, or local government agency, or if an institution, it is OPERATED by a government agency and is exempt from the payment of the application fee.

CERTIFICATION FOR FEE EXEMPTION - Government Only

If you select Fee Exempt, the next page will prompt you to provide the Name, Title, and phone number of the Certifying Official (**applicants must not certify themselves**).

Fill in the information exactly as shown in the picture. Then click “Next ->”.

 U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

HELP 1. Personal Information (Page 3 - Fee Exempt Details)

Certifier's Approval Checkbox: Click here to indicate that the certifying official agrees to the terms outlined on the Fee Exempt page.

[General Instructions.](#)

Please provide the Name, Title, and phone number of the Certifying Official (applicants must not certify themselves).

* Name of Fee Exempt Institution (Must be a Federal, State, or County Agency)

* Certifying Official Name (other than applicant)

* Certifying Official Title

* Certifying Official Email

* Certifying Official Phone Number () - Ex.

By checking the following box, the applicant states that the certifying official listed above has consented to be named on this application for the purpose of certifying the applicant's Fee Exempt status.

THE FEE EXEMPT REGISTRATION IS RESTRICTED FOR GOVERNMENT WORK ONLY. IT MAY NOT BE USED AT NON-GOVERNMENT FACILITIES.

I have read the above, and agree.

Fields with a () are required.*

Select the drug schedules that you will be using. Schedules of frequently used include:

<u>drug</u>	<u>schedule</u>
buprenorphine	III narcotic
diazepam	IV non-narcotic
euthanasia solution	III non-narcotic
Fatal-Plus	II non-narcotic
hydromorphone	II narcotic
ketamine	III non-narcotic
methohexital (Brevital)	IV non-narcotic
oxymorphone	II narcotic
tramadol	IV narcotic

Find all drug schedules at: https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf

Also, if you use schedule I or II drugs, check the box if you need more order forms.

U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

HELP

2. Business Activity/Schedules

Your business activity is: RESEARCHER (II-V)

Please make any requested changes to your registered schedules below, and select Next to continue.

DRUG SCHEDULES [see schedules](#)

Select all that apply

Schedule II Narcotic Schedule III Non Narcotic
 Schedule II Non Narcotic Schedule IV
 Schedule III Narcotic Schedule V

Check here if you require order forms to only purchase Schedule I and II from suppliers.

Fields with a (*) are required.

<- Previous Next ->

-Cancel-

Skip this page, and simply select "Next ->".

U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

HELP

3. State Licenses

All applicants are required to answer the following:

You must be 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.

Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn WITHOUT refund

leave this entire section blank

State License Number:

State License State:


Expire Date:

Sections with a (*) require all data fields to be entered.

<- Previous Next ->

-Cancel-

Answer these questions.



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION

DIVERSION CONTROL DIVISION

HELP

Questions Applicants must answer all questions. NOTE: If question 4 is not applicable to you, select 'No.'

[General Instructions.](#)

4 Background Information

All applicants are required to answer the following 4 questions:

(1) * Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or any such action pending?

Yes No

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

Yes No

(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, or is any such action pending?

Yes No

(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 or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?

Yes No

Fields with a (*) are required.

<-Previous Next->

-Cancel-

Typically you can skip this section.

Select a schedule to add drug codes for that schedule.

Schedule I *

Schedule II Narcotic *

Schedule II Non Narcotic *

Schedule III Narcotic *

Schedule III Non Narcotic *

Schedule IV *

Schedule V *

List I Chemicals *

Schedules marked with a "*" do not require drug codes to be entered.

You have not selected any schedules which require drug code input. You may select "Next" below to continue.

<-Previous Next->

-Cancel-

Select Drug Codes

You have not selected any schedules which require drug code input. You may select "Next" below to continue.

More details regarding drug schedules can be found in [21 CFR 1308](#).

Drug Codes Selected

- No Codes Selected -

Review, e-sign, and submit.



Summary of Information

Please review your responses. Click the change buttons on the left to make any required changes, then submit the application using the Submit button below.

STEP -1 PERSONAL INFO	
Change	First Name, MI:
	Last Name:
	Address:
	City:
	State:
	Zip:
	Phone:
	POC Cell Phone:
Change	Business Email:
	Contact Name:
	SSN:
Change	Tax ID:
	Fee Exempt:
	Institution Name:
Change	Certifying Official's Name:
	Certifying Official's Title:
	Certifying Official's Phone:
STEP -2 BUSINESS ACTIVITY	
Change	Business Activity:
	Drug Schedule:
	Requested Order Forms?
STEP -3 STATE LICENSES	
Change	State License:
STEP -4 BACKGROUND	
Change	Background Questions:
Change	Drug Codes Selected: Drug Codes

WARNING: 21 USC §43(d), states that any person who knowingly or intentionally supplies false or fraudulent information in the application is subject to a term of imprisonment of not more than 5 years, and a fine under Title 18 of not more than \$50,000, or both.

By typing my full name in the space below, I hereby certify that the foregoing information furnished on this electronic DEA application is true and correct and understand that this constitutes an electronic signature for purposes of this electronic DEA application only.

* Name of Applicant (For individual registrants, the registrant themselves MUST complete this E-Signature) or name of Officer of the Corporation/Company

* e-Signature:

This electronic DEA application must be certified by the applicant/registrant, if an individual; by a partner of the applicant, if a partnership; or by an officer of the applicant, if a corporation, corporate division, association, trust, or other entity. See 21 C.F.R. § 1301.13(i) for more information on who can certify this application.

Once you select the Submit Button below, your application will be submitted, and no further changes will be possible using this online form.

Print your receipt and exit. You're done!



Application Successfully Submitted.

Your Application has been successfully submitted.
Tue May 15 13:31:37 EDT 2018

Internet Tracking number:
(DEA Number -)

It is recommended that you use your browser's print function to print a copy of this page for your records.

Your application will be reviewed and will be processed when the review is complete. This process normally takes 4 to 6 weeks.

If you wish to make changes to the data you have submitted, you must contact DEA directly. Changes cannot be made by submitting a new application using this online tool. Please wait 2 business days before contacting DEA concerning this application. 1-800-882-9539

We have a new email subscription service. This service will make it easier for you to receive information of interest to you. If you would like to receive notifications, please click or go to <https://public.govdelivery.com/accounts/USDOJDEA/DCD/subscribe?mer=me> to sign up.

It is recommended you print a detailed receipt using your browser's print function by selecting the Print Browser button below.

¹ print before exiting

²