

Address Change Request

Instructions

This form can be used to notify the Drug Enforcement Administration (DEA) of an address change. Complete the form below in its entirety. Once completed, sign the form, make a copy for your records, and **mail or fax this form to the Diversion Office with a Registrant Technician for your area**. Failure to include the required information may result in a delay in processing your request.

Part 1. Information displayed on your current DEA registration certificate:

DEA Registration Number:

Registered Name:

or

Last Name

First Name

MI

Business Name:

Business Address:

Part 2. Your new proposed name and address:

New Name (if applicable):

Or

Last Name

First Name

MI

Business Name:

New Business Address:

(Do not use P.O. Box
unless accompanied
by a Street Address)

Part 3. The date of relocation:

Relocation Date:

Part 4. Identification information:

Tax Identification Number:

or

Social Security Number:

Date of Birth:

Part 5. Your valid state license(s) for the new location (including a photocopy):

You must include a copy of your current state medical license for the **new address** and a copy of your current state controlled substance license (if applicable).

State Medical License Number:

State Controlled Substances License Number:

(The following states require a state controlled substance license in addition to a state medical license)

Alabama	Illinois	Missouri	South Carolina
Connecticut	Indiana	Nevada	South Dakota
Delaware	Iowa	New Jersey	Texas
District of Columbia	Louisiana	New Mexico	Utah
Guam	Maryland	Oklahoma	Wyoming
Hawaii	Massachusetts	Puerto Rico	
Idaho	Michigan	Rhode Island	

Part 6. Prior violations:

Have you ever been convicted of a crime in connection with controlled substances under state or federal law, or have you ever surrendered or had a federal controlled substances registration revoked, suspended, restricted or denied, or have you ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?

No:

Yes:

(If yes, answer the following questions.)

Date of incident:

Nature of incident:

Description of incident: (Add an additional sheet if required)

Part 7. Signature:

Printed Name:

Telephone:

Signature:

Date: