Form-225

APPLICATION FOR REGISTRATION
Under the Controlled Substances Act

APPROVED OMB NO 1117-0012
FORM DEA-225 (04-12)
FORM EXPIRES: 4/30/2015

INSTRUCTIONS

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

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

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

DEA OFFICIAL USE:

Do you have other DEA registration numbers?

☐ NO ☐ YES

MAIL-TO ADDRESS Please print mailing address changes to the right of the address in this box.

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

SECTION 1 APPLICANT IDENTIFICATION

☐ **Individual Registration** ☐ **Business Registration**

Name 1 (Last Name of individual -OR- Business or Facility Name)

Name 2 (First Name and Middle Name of individual - OR- Continuation of business name)

PLACE OF BUSINESS Street Address Line 1

PLACE OF BUSINESS Address Line 2

City State Zip Code

Business Phone Number Point of Contact

Business Fax Number Email Address

DEBT COLLECTION INFORMATION
Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number (***if registration is for business***)

Provide TIN or SSN.
See additional information note #3 on page 4.

Social Security Number (***if registration is for individual***)

SECTION 2

BUSINESS ACTIVITY

Check one business activity box only

Researcher - See page 4 for required attachments

☐ Analytical Lab.....fee for one year is $244
☐ Researcher w/Sched I.....fee for one year is $244
☐ Researcher w/Sched II - V.....fee for one year is $244
☐ Canine Handler.....fee for one year is $244
☐ Distributor.....fee for one year is $1523
☐ Exporter.....fee for one year is $1523
☐ Importer.....fee for one year is $1523
☐ Reverse Distributor.....fee for one year is $1523
☐ Manufacturer.....fee for one year is $3047
☐ Manufacturer BULK.....fee for one year is $3047

SECTION 3

A. DRUG SCHEDULES

Check all that apply

☐ List 1 (L1) - **manufacturers & importers ONLY** ☐ Schedule 2 Narcotic ☐ Schedule 3 Narcotic ☐ Schedule 4
☐ Schedule 1 ☐ Schedule 2 Non-Narcotic (2N) ☐ Schedule 3 Non-Narcotic (3N) ☐ Schedule 5

Enter drug codes on page 2.

☐ Check this box if you require official order forms - for purchase of schedule 2 controlled substances.

B. MANUFACTURERS ONLY
Mark each box with an 'X' to indicate which drug schedule is handled in each manufacturing stage

	L1	1	2	2 NON narcotic	3	3 NON narcotic	4	5
STAGE 1 Bulk synthesis/extraction	☐	☐	☐	☐	☐	☐	☐	☐
STAGE 2 Dosage form manufacture	☐	☐	☐	☐	☐	☐	☐	☐
STAGE 3 Package / Repackage Label / Relabel	☐	☐	☐	☐	☐	☐	☐	☐
STAGE 4 Non-human consumption	☐	☐	☐	☐	☐	☐	☐	☐

SECTION 4

STATE LICENSE(S)

Be sure to include both state license numbers if applicable

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.

State License Number (REQUIRED)

Expiration Date (REQUIRED) / / MM - DD - YYYY

What state issued this license ? _____

State Controlled Substance License Number (if required)

Expiration Date (if required) / / MM - DD - YYYY

What state issued this license ? _____

SECTION 5

LIABILITY

IMPORTANT

All questions in this section must be answered.

	YES	NO
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 is any such action pending? Date(s) of incident MM-DD-YYYY:	☐	☐
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? Date(s) of incident MM-DD-YYYY:	☐	☐
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? Date(s) of incident MM-DD-YYYY:	☐	☐
4. If the applicant is a **corporation** (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been c**onvicted 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, or is any such action pending? Date(s) of incident MM-DD-YYYY:	☐	☐

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

EXPLANATION OF "YES" ANSWERS

Applicants who have answered "YES" to any of the four questions above **must provide a statement to explain each "YES" answer.**

Use this space or attach a separate sheet and return with application

Liability question # _____ Location(s) of incident: _____

Nature of incident:

Disposition of incident:

SECTION 6 EXEMPTION FROM APPLICATION FEE

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

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

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

FEE EXEMPT CERTIFIER

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:

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

FEE IS NON-REFUNDABLE

SECTION 8

APPLICANT'S SIGNATURE

Sign in ink

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

Signature of applicant (sign in ink) Date

Print or type name and title of applicant

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

C. SCHEDULE AND DRUG CODES

Listed below are examples of schedules 1-5 and List 1 codes. Check all drug codes you handle as required.
For more information, see our website at *www.deadiversion.usdoj.gov*, 21 CFR 1308, or call *1-800-882-9539*.

Canine Handler	must mark schedule 1	Distributor	must mark all schedule 1, drug code 2012
Exporter	must mark all schedule 1-5	Reverse Distributor	must mark all schedule 1, drug code 2012
Importer	must mark all schedule 1-5 & List 1 codes	Researcher w/Sched 1	must mark schedule 1
Manufacturer	must mark all schedule 1, 2 & List 1 codes	Researcher w/Sched 2-5	must mark schedule 2 to be manufactured or imported as part of research

If you bulk manufacture a substance, check the 'BULK?' column after the applicable class code.

SCHEDULE 1 NARCOTIC & NON-NARCOTIC	CODE	BULK?
3,4-Methylenedioxyamphetamine (MDA)	7400	
3,4-Methylenedioxymethamphetamine (MDMA)	7405	
4-Methyl - 2,5 - Dimethoxyamphetamine (DOM, STP)	7395	
4-Methylaminorex (cis isomer) (U4Euh, McN-422)	1590	
Alphacetylmethadol (except LAAM)	9603	
Bufotenine (Mappine)	7433	
Marihuana / Cannabidiol	7360/7372	
Diethyltryptamine (DET) (	7434	
Difenoxin 1MG/25UG AtSO4 /DU (Motofen)	9167	
Dimethyltryptamine (DMT)	7435	
Etorphine (except HCL)	9056	
Gamma Hydroxybutyric Acid (GHB)	2010	
Heroin (Diamorphine)	9200	
Ibogaine	7260	
Lysergic acid diethylamide (LSD)	7315	
Mescaline	7381	
Marihuana	7360	
Methaqualone (Quaalude)	2565	
Normorphine	9313	
Peyote	7415	
Psilocybin	7437	
Tetrahydrocannabinols (THC)	7370	

SCHEDULE 2 NARCOTIC & NON-NARCOTIC	CODE	BULK?
Amobarbital (Amytal, Tuinal)	2125	
Amphetamine (Dexedrine, Adderall)	1100	
Cocaine (Methyl benzoylecgonine)	9041	
Codeine (Morphine methyl ester)	9050	
Dextropropoxyphene (bulk)	9273	
Diphenoxylate	9170	
Fentanyl (Duragesic)	9801	
Hydrocodone (Dihydrocodeinone)	9193	
Hydromorphone (Diaudid)	9150	
Levo-Alphacetylmethadol (LAAM)	9648	
Levorphanol (Levo-Dromoran)	9220	
Meperidine (Demerol, Mepergan)	9230	
Methadone (Dolophine, Methadose)	9250	
Methamphetamine (Desoxyn)	1105	
Methylphenidate (Concerta, Ritalin)	1724	
Morphine (MS Contin, Roxanol)	9300	
Opium, powdered	9639	
Oxycodone (Oxycontin, Percocet)	9143	
Oxymorphone (Numorphan)	9652	
Pentobarbital (bulk) (Nembutal)	2270	
Phencyclidine (PCP)	7471	
Secobarbital (Seconal, Tuinal)	2315	

SCHEDULE 3 NARCOTIC & NON-NARCOTIC	CODE	BULK?
Anabolic Steroids	4000	
Barbituric acid derivative	2100	
Benzphetamine (Didrex, Inapetyl)	1228	
Buprenorphine (Buprenex, Temgesic)	9064	
Butabarbital	2100/2175	
Butalbital	2100/2165	
Codeine combo product (Empirin)	9804	
Dihydrocodeine combo product (Compal)	9807	
Dronabinol in sesame oil soft cap (Marinol)	7369	
Gamma-Hydroxybutyric Acid preparations (Zyrem)	2012	
Hydrocodone combo products (Lorcet, Vicodin)	9806	
Ketamine (Ketaset, Ketalar)	7285	
Morphine combo product	9810	
Nalorphine (Nalline)	9400	
Opium combo product (Paregoric)	9809	
Pentobarbital suppository dosage (FP3)	2270	
Phendimetrazine (Plegine, Bontril)	1615	
Thiopental	2100/2329	

SCHEDULE 4 NARCOTIC & NON-NARCOTIC	CODE	BULK?
Alprazolam (Xanax	2882	
Barbital (Veronal, Plexonal)	2145	
Chloral Hydrate (Noctec)	2465	
Chlordiazepoxide (Librium)	2744	
Clonazepam (Klonopin)	2737	
Clorazepate (Tranxene)	2768	
Diazepam (Valium)	2765	
Flurazepam (Dalmane)	2767	
Lorazepam (Ativan)	2885	
Meprobamate (Milltown, Equanil)	2820	
Midazolam (Versed)	2884	
Oxazepam (Serax, Serenid-D)	2835	
Phenobarbital (Fastin, Zantryl)	2285	
Phentermine	1640	
Temazepam (Restoril)	2925	
Zolpidem (Ambien, Stilnox)	2783	

SCHEDULE 5 NARCOTIC & NON-NARCOTIC	CODE	BULK?
Codeine preparations (Robitussin A-C, Pediacof)	9050	
Pyrovalerone (Centroton, Thymergix)	1485	

LIST 1 REGULATED CHEMICALS ** ONLY manufacturers & importers may select List 1	CODE	BULK?
Ephedrine	8113	
Phenylpropanolamine	1225	
Pseudoephedrine	8112	

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

SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors. A physical address is required in address line 1; a post office box or continuation of address may be entered in address line 2. Fee exempt applicant must list the address of the fee exempt institution. Applicant must enter a valid social security number (SSN), or a tax identification number (TIN) if applying as a business entity.

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

SECTION 2. BUSINESS ACTIVITY - Indicate only one. Each type of business activity requires a separate application. You are required to register as a "manufacturer" if you manufacture a controlled substance or list 1 chemical and then distribute it.

SECTION 3A. SCHEDULES - Applicant should check all 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 1 and 2 controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.

3B. MANUFACTURER ONLY - Mark the chemical/controlled substance schedule(s) handled in each manufacturing stage listed.

3C. SCHEDULE CODES - Report all chemical/drug codes as required for your business activity. Controlled substances manufacturers and importers must obtain a separate chemical registration if they handle chemicals other than an FDA-approved drug product containing 1225, 8112, or 8113.

SECTION 4. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws. Applicant should contact the local state licensing authority prior to completing this application. If your state requires a license, provide that number on this application.

SECTION 5. LIABILITY - Applicant must answer all four questions for the application to be accepted for processing. If you answer "Yes" to a question, provide an explanation in the space provided. If you answer "Yes" to several questions, then you must provide a separate explanation describing the date, location, nature, and result of each incident. If additional space is required, you may attach a separate page.

SECTION 6. EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government official or institution. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided. The address of the fee exempt institution must appear in Section 1.

SECTION 7. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. *FEES ARE NON-REFUNDABLE.*

SECTION 8. APPLICANT'S SIGNATURE - Applicant MUST sign in this section or application will be returned. Card holder signature in section 7 does not fulfill this requirement.

ATTACHMENTS: Researcher or canine handler must attach 3 copies of protocol, including curriculum vitae, to conduct research with schedule 1 controlled substances. For clinical investigations, researcher must first submit to FDA a "Notice of Claimed Investigational Exemption for New Drug (IND)". See DEA web site or CFR 1301.18 for details.

NOTICE TO REGISTRANTS MAKING PAYMENT BY CHECK

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic funds transfer from your account will usually occur within 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic funds transfer cannot be completed because of insufficient funds, we may try to make the transfer up to two more times.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions". You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

ADDITIONAL INFORMATION

No registration will be issued unless a completed application 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 OMB number for this collection is 1117-0012. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.

The Debt Collection Improvements Act of 1996 (31 U.S.C. §7701) requires that you furnish your Taxpayer Identification Number (TIN) or Social Security Number (SSN) on this application. This number is required for debt collection procedures if your fee is not collectible.

PRIVACY ACT NOTICE: Providing information other than your SSN or TIN is voluntary; however, failure to furnish it will preclude processing of the application. The authorities for collection of this information are §§302 and 303 of the Controlled Substances Act (CSA) (21 U.S.C. §§822 and 823). The 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.

Your Local DEA Office

CONTACT INFORMATION

All offices are listed on web site
(800, 877, and 888 are toll-free

INTERNET:
www.deadiversion.usdoj.gov

TELEPHONE:
HQ Call Center (800) 882-9539

WRITTEN INQUIRIES:
DEA
Attn: Registration Section/ODR
P.O. Box 2639
Springfield, VA 22152-2639