



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to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn **WITHOUT refund**.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

**Form 224** Approved OMB Form No. 1117-0014 Expires: 04/30/2019 (12 minutes)

- Form 225** *Approved OMB Form No. 1117-0012 Expires: 07/31/2018 (15 minutes)*  
**Form 510** *Approved OMB Form No. 1117-0031 Expires: 05/31/2019 (15 minutes)*  
**Form 363** *Approved OMB Form No. 1117-0015 Expires: 06/30/2018 (15 minutes)*

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](#)