



How to Register for a New DEA License – **Schedule II-IV**

1. **Begin at:** [CSA Registration Online Mgmt Tools](#)
2. **Click New Registration**

1. [New Registration](#) 
2. [Collector Status Request/Update Login](#)
3. [Registration Renewal](#)
4. [Registration Update](#)
5. [Check Registration Status](#)
6. [Registration Reprint Receipt](#)
7. [Registration Reprint Certificate](#)
8. [Registration Validation](#)
9. [Request Form 222](#)

3. **Select your Business Category**
 - Click “Researcher” in the Form 225 Column

Select Your Business Category

<p>Form 224 Practitioner (MD, DO, DDS, DMD, DVM, DPM) Mid Level Practitioner (NP, PA, OD, etc.) Pharmacy Hospital/Clinic Teaching Institution</p>	<p>Form 225 Manufacturer Importer Exporter Distributor Reverse Distributor Researcher  Canine Handler Analytical Lab</p>	<p>Form 510 Chemical Manufacturer Chemical Importer Chemical Exporter Chemical Distributor</p>
<p>Active Military Only Military Form 224</p>	<p>Form 363 Narcotic Treatment Clinics</p>	
<p>Civil Service Practitioner/MLP Assigned to Military Installations Form 224</p>		

4. **Select One Business Activity and Click Continue**

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.

RESEARCHER (II-V) (\$296 / 1 YRS) ▾

→ Continue ← ↻ Cancel

5. **Enter Personal Information**

Personal Information

Last Name* ?

First Name* ?

Additional Company Information ?

Business Address Line 1* ?

Business Address Line 2 ?

City* ?

State* ▾ ?

Zip* (No dashes or spaces) ?

6. **Click box for fee exemption (new window opens)**

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

Tax ID (No dashes or spaces) ?

SSN (No dashes or spaces) ?

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 ?

← Previous → Proceed ⓧ Cancel

7. **You do not need to enter Tax ID**

- Enter SSN
- Enter the name of the **Fee Exempt Institution** as “Texas A&M University”
- Enter the name of your department head/supervisor as **The Certifying Official Name** and include their **Title, Email, and Phone Number.**
- Click agreement and Proceed

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

Tax ID (No dashes or spaces) ?

SSN (No dashes or spaces) ?

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 ?

Provide the Name, Title, and phone number of the Certifying Official (applicants must not certify themselves):

Name of Fee Exempt Institution* ?

Certifying Official Name* ?

Certifying Official Title* ?

Certifying Official Email* ?

Certifying Official Phone* ext. ?

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* ?

← Previous → Proceed ⓧ Cancel

8. Enter applicable drug schedules. If needed, use "Schedule Details" link to look up applicable schedule(s).

Your business activity is: RESEARCHER (II-V)

DRUG SCHEDULES [[Schedule Details](#)]

Select all that apply

Schedule 2 Narcotic Schedule 2 Non Narcotic

Schedule 3 Narcotic Schedule 3 Non Narcotic

Schedule 4 Schedule 5

9. "Schedule Details" link opens up the DEA website

- There are multiple ways to search; however, the easiest is to click 'alphabetical order'.

List of Controlled Substances

[Disclaimer](#)

[Abbreviations](#)

[Definition of Controlled Substance Schedules](#)

[Lists of Scheduling Actions, Controlled Substances, Regulated Chemicals \(PDF\)](#) (July 2021)

This document is a general reference and not a comprehensive list. This list describes the basic or parent chemical and does not describe the salts, isomers and salts of isomers, esters, ethers and derivatives which may also be controlled substances.

Scheduling Actions	Controlled Substances	List I and II Regulated Chemicals
Alphabetical Order	Alphabetical Order	Alphabetical Order
Chronological Order	DEA Drug Code Number	DEA Number
	CSA Schedule	List Number
		Illicit Uses and Threshold Quantities

- This opens up a page that lists the substances. Use Control Find (Ctrl+f) to search your substance(s) of interest.
- **FYI:** DEA Number=drug code; CSA SCH=the schedule; NARC Y/N is whether or not the drug is a narcotic. Make note of this information for your application, as applicable.

CONTROLLED SUBSTANCES				
- ALPHABETICAL ORDER -				
SUBSTANCE	DEA NUMBER	CSA SCH	NARC	OTHER NAMES
(1-(4-Fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone	7014	I	N	FUB-144
[3,2-c]-furazan-5 α -androst-17 β -ol	4000	III	N	
[3,2-c]pyrazole-androst-4-en-17 β -ol	4000	III	N	
1-(1-Phenylcyclohexyl)pyrrolidine	7458	I	N	PCPy, PHP, rolicyclidine
1-(2-Phenylethyl)-4-phenyl-4-acetoxypiperidine	9663	I	Y	PEPAP, synthetic heroin
1-(5-Fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide	7083	I	N	5F-CUMYL-PINACA; SGT-25
1-[1-(2-Thienyl)cyclohexyl]piperidine	7470	I	N	TCP, tenocyclidine

10. Now that you have confirmed the necessary information, complete this section of the application and proceed:

Your business activity is: RESEARCHER (II-V)

DRUG SCHEDULES [[Schedule Details](#)]

Select all that apply ?

Schedule 2 Narcotic Schedule 2 Non Narcotic
 Schedule 3 Narcotic Schedule 3 Non Narcotic
 Schedule 4 Schedule 5

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

Check, as applicable

11. Skip this section and proceed

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**

State License Number ?

State License State ?

State License Expire Date ?



← Previous → Proceed ⌂ Cancel



12. Answer all four No/Yes questions honestly and proceed

All applicants are required to answer the following 4 questions:

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?

No | Yes

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?

No | Yes

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?

No | Yes

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?

No | Yes

← Previous → Proceed ⌂ Cancel



13. The system will prompt you to enter (or not enter) specific drug codes based on your previous selections

- Follow the directions on the screen (recall you already searched the DEA webpage for drug codes above in step #9). Only enter drug codes if prompted, otherwise leave empty and proceed.

You have not selected any Drug Schedules that require drug code entry. Select Proceed or Update to continue.

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

Sort by Code

Available Codes		Selected Codes	
Name	Code	Name	Code
No records found.		No Codes Entered	

Add -->

<-- Remove

Previous Proceed Cancel

14. Verify info, edit as needed. Ensure application is complete. Sign electronically.

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. § 1301.13\(j\)](#) for more information on who can certify this application

15. Validate email address and submit application

I have validated the email address associated with this application.

16. Note your tracking number and print a receipt for your records

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 may take 4 to 6 weeks.

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/USDOJDEADCD/subscriber/new> to sign up.

It is recommended you print a detailed receipt:

17. To check on the status of your registration, return to: [CSA Registration Online Mgmt Tools](#)

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