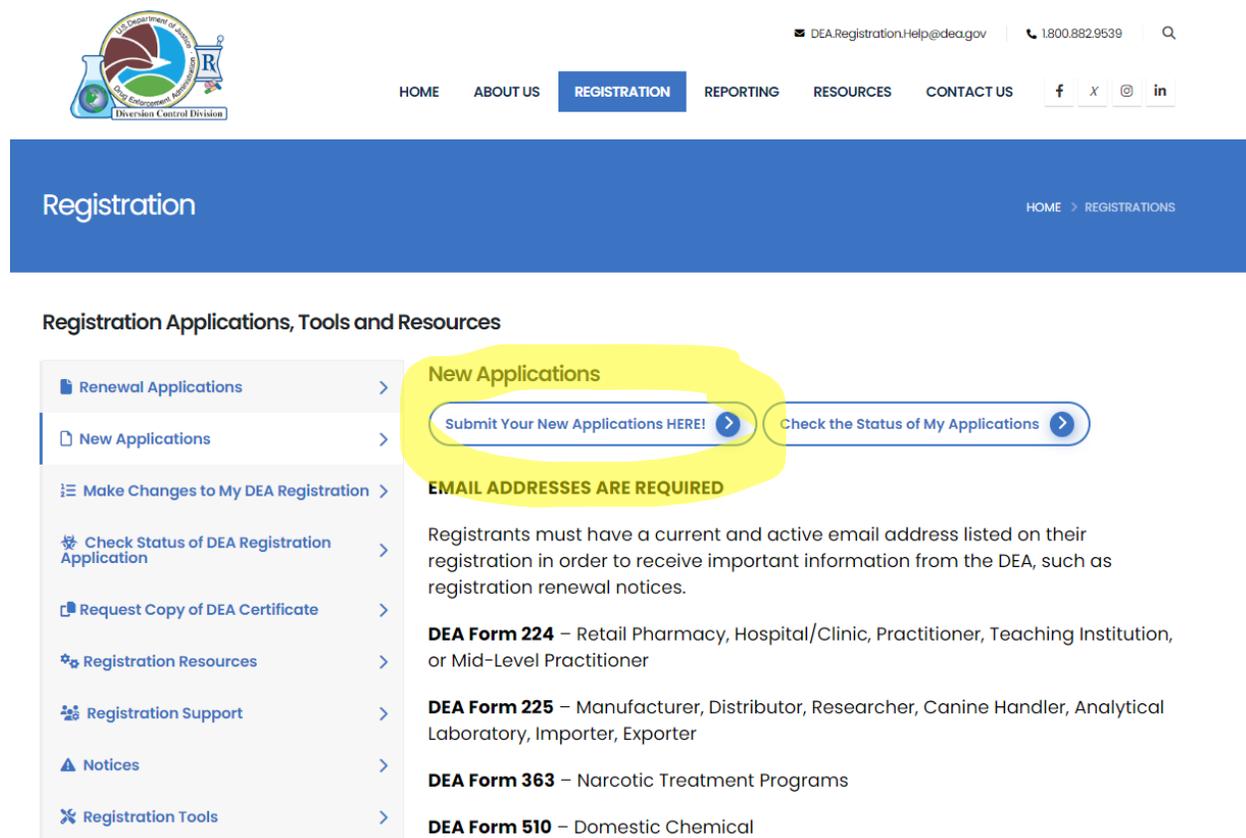


DEA Licensing Steps:

1. Navigate to :
<https://www.deadiversion.usdoj.gov/drugreg/registration.html>
2. Select submit your new application here



The screenshot shows the DEA Registration website. At the top, there is a navigation bar with links for HOME, ABOUT US, REGISTRATION (highlighted), REPORTING, RESOURCES, and CONTACT US. There are also social media icons for Facebook, X, Instagram, and LinkedIn. The main content area is titled 'Registration' and includes a breadcrumb trail 'HOME > REGISTRATIONS'. Below this, the section 'Registration Applications, Tools and Resources' is displayed. A sidebar on the left lists various options: Renewal Applications, New Applications, Make Changes to My DEA Registration, Check Status of DEA Registration Application, Request Copy of DEA Certificate, Registration Resources, Registration Support, Notices, and Registration Tools. The 'New Applications' section is highlighted in yellow and contains two buttons: 'Submit Your New Applications HERE!' and 'Check the Status of My Applications'. Below these buttons, a yellow box contains the text 'EMAIL ADDRESSES ARE REQUIRED'. Further down, there are instructions for registrants and links to various DEA forms: DEA Form 224 (Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner), DEA Form 225 (Manufacturer, Distributor, Researcher, Canine Handler, Analytical Laboratory, Importer, Exporter), DEA Form 363 (Narcotic Treatment Programs), and DEA Form 510 (Domestic Chemical).

3. Scroll down the page to select your business category (select mid level Practitioner)
4. Scroll down to Select one business activity.
5. Select MLP-Ambulance Service
6. Select continue

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](#)

[Automated Dispensing Machines \(Login\)](#)

Active Military Only

[Military Form 224](#)

Civil Service Practitioner/MLP

[Assigned to Military Installations](#)

[Form 224](#)

**Federal Practitioner/MLP Assigned to
Federal Installations (Not Military or Contractor)**

[Form 224](#)

Form 225

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

Form 363

[Narcotic Treatment Clinics](#)

Form 510

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

Federal Institution (Not Individuals)

[Federal Institutions](#)

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.

MLP-AMBULANCE SERVICE (\$888 / 3 YRS) ▾

→ Continue

⊗ Cancel

ADDITIONAL INFORMATION

Form 224 Approved OMB Form No. 1117-0014 Expires: 06/30/2026 (12 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.

7. Upload POA if necessary

8. Select Proceed

CSA Registration Online Mgmt Tools: Upload Documents

Overview

This page allows you to upload a Power of Attorney document, if applicable.

Power of Attorney

Pursuant to [Title 21 CFR § 1301.13\(j\)](#), Each application, attachment, or other document filed as part of an application, shall be signed by the applicant, 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. An applicant may authorize one or more individuals, who would not otherwise be authorized to do so, to sign applications for the applicant by filing with the Registration Unit of the Administration a power of attorney for each such individual. The power of attorney shall be signed by a person who is authorized to sign applications under this paragraph and shall contain the signature of the individual being authorized to sign applications. The power of attorney shall be valid until revoked by the applicant.

This page allows you to optionally upload a Power of Attorney if applicable as described above.

If a Power of Attorney is required, please select Power of Attorney in the Document Category selection list below. If this is not applicable, Click the Proceed button below.

Upload Instructions

1. Select the Category of document to be uploaded.
2. Read all additional instructions below the Category Selector
3. Choose the file(s) you wish to upload using the file selector.

Document Category : - Select A Category - ▾

Uploaded Files List:

No files uploaded

← Previous

→ Proceed

⊗ Cancel

9. Complete the fields for your organization then proceed

CSA Registration Online Mgmt Tools: Personal Information

Personal Information

Business Name* ?

Additional Company Information ?

Business Address Line 1* ?

Business Address Line 2 ?

City* ?

State* ?

Zip* (No dashes or spaces) ?

Business Phone Number* Ext. ?

Business Email Address* ?

Contact Name* ?

Contact Cell Phone Number* ?

Mailing Address (Same as Registered Address)

Additional Company Information ?

Mailing Address Line 1* ?

Mailing Address Line 2 ?

City* ?

State* ?

Zip* (No dashes or spaces) ?

10. Authenticate email

CSA Registration Online Mgmt Tools: Email Address Authentication

We must validate your email address in order to ensure future security on your account. Please request a code to be sent to your point of contact email address you have provided on the previous page, and verify that code below. You have provided the following email address:
CFENSKE@WILLIAMSBURGVA.GOV

11. Enter Locality Tax ID (if Government Organization select fee exemption) 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) ?

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 ?

12. Provide information for Certifying Official of Government Function (we used Deputy Chief).

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* ?

Certifying Official Title* ?

Certifying Official Email* ?

Certifying Official Phone* Ext. ?

State License State* ?

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

13. Select Drug Schedules and enter NPI and then proceed

CSA Registration Online Mgmt Tools: Business Activity/Schedules

Your business activity is: MLP-AMBULANCE SERVICE

DRUG SCHEDULES [Schedule Details]
Select all that apply ?

<input checked="" type="checkbox"/> Schedule 2 Narcotic	<input checked="" type="checkbox"/> Schedule 2 Non Narcotic
<input checked="" type="checkbox"/> Schedule 3 Narcotic	<input checked="" type="checkbox"/> Schedule 3 Non Narcotic
<input checked="" type="checkbox"/> Schedule 4	<input checked="" type="checkbox"/> Schedule 5

Mid Level Practitioners may only select schedules which are valid for the State in which they practice, and their professional degree. As a result, you may not see all schedules in the above selections. If there are no selectable schedules presented above, that means there are no valid schedules for your State and activity, and this application cannot be completed. Please check the DEA website's [State MLP Tables](#) for more details.

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

National Provider ID ?

← Previous → Proceed Cancel

14. Enter licensing information (CSR Number and Expiration for 2-6) then proceed

CSA Registration Online Mgmt Tools: State Licenses

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

15. Answer the questions then proceed

CSA Registration Online Mgmt Tools: Background Information

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

16. Confirm the information is accurate, scroll to E-Sign, and validate email is correct.

17. Submit Application. (Ours took 2 weeks to be approved).

18. Print a copy of the completed application for your records if you want.

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

I have validated the Email address associated with this application. This Email address will be used for important notifications from DEA such as registration renewal notices, receipts, and certificates.
Email Address: **CFENSKE@WILLIAMSBURGVA.GOV**

19. Take a deep breath... that's over!