

Controlled Substance Authorized User List

(Note: For security purposes, the number of individuals who have access to controlled substances should be limited.)

Registrant Name: _____ DEA Registration Number: _____

Location (Building/Room): _____

Street Address: _____

Below is a current list of all persons designated by me, the DEA license holder, to access controlled substances at the above location address. Each authorized user must complete the information requested.

| Name <small>(Print or Type)</small> | Signature <small>(Legal Signature)</small> | Date of Birth <small>(MM/DD/YYYY)</small> | Initials <small>(As Written on the Administered/Dispensed Record)</small> |
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I hereby certify that I have designated the persons listed above as Authorized Users for this location.

Registrant Signature: _____ Date _____

Send with DEA license registration. Send a copy to BSO/REM/HAMP. Keep a copy with your records. Update any changes in listed personnel immediately.