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| Completed Internet Form - NOT FOR SUBMISSION DEA/Control Number - MR2971009  Submission Date: 04-29-2016 | APPLICATION FOR REGISTRATION UNDER CONTROLLED SUBSTANCES ACT OF 1970 | Form DEA 224A - Completed Internet Receipt. NOT FOR SUBMISSION |
| NAME: Applicant or Business (LAST) | (First, MI) | Application Complete. Internet confirmation no.: 5774605  Fee Paid: $731 |
| TAX IDENTIFYING NUMBER        and/or | SOCIAL SECURITY NUMBER | The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your federal Taxpayer Identifying Number to DEA. This number is required for debt collection procedures should your fee become uncollectable. IF you do not have a Federal Taxpayer Identifying Number, use your Social Security Number. |
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| PROPOSED BUSINESS ADDRESS. *(When entering a P.O. box, you are required to enter a street address)* | |
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| CITY | STATE         ZIP CODE |  |
|  | - |  |
| APPLICANT'S BUSINESS PHONE NUMBER | APPLICANT'S FAX NUMBER |  |
| - - | - - | Top of Form  Bottom of Form |
| **REGISTRATION CLASSIFICATION** | | |
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| |  |  | | --- | --- | | **6. Payment Method:** | -- | | Card Number: | Expiration Date:    Fee Paid: 731 | | | |
| |  |  | | --- | --- | | **7. Certification for Fee Exemption** | | | **Certifying Official's Name:** | N/A | | **Certifying Official's Title:** | N/A | | **Certifying Official's Phone:** | N/A | | | |
| **Application Certification:**  **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 these application/DEA forms pages is true and correct and understand that this constitutes an electronic signature for purposes of these applications/DEA forms 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:   rachael reinagle  **This electronic application/DEA form 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)**](http://www.deadiversion.usdoj.gov/21cfr/cfr/1301/1301_13.htm#j) **for more information on who can certify this application** | | |
| **For best results, Landscape mode is suggested for printing. Also:**  **Before printing, please set your browser's left and right margins to 0 (or as small as your browser will allow). You can do this by selecting "Page Setup..." in your browser's File dropdown menu. Mozilla users might also need to select Print Preview from the File dropdown menu, and set Scale: to "Shrink to Fit"**  Top of Form      Bottom of Form  If the buttons above do not work, Please use your browser's Print function (Usually located under the File menu at the top left) to Print, and your Browser window's close tab (usually located in the top right corner) to close this window. | | |

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| **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: 04/30/2016 (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.   [**DEA OFFICE OF DIVERSION CONTROL PRIVACY POLICY**](http://www.deadiversion.usdoj.gov/security.htm) |