

CSOS Reporting EDI Account Request Form



Section 1 - Organization Information

Date

Organization Name

Organization Contact Name

Phone

Is your organization a registered central reporter? Yes No

Company DEA Registration number(s) to be included in the CSOS Reporting Program

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2 - CSOS Reporter Information

Contact Name

Phone

E-Mail Address

Address

City

State

Zip Code

Section 3 -- Applicant/Notary Signature

Applicant Signature _____ Date _____

Printed Name _____

In order to adequately protect the information provided to DEA in CSOS EDI transaction reports, participants must take responsibility for safeguarding assigned user names and passwords. Additionally, participants are asked to immediately notify the DEA of changes in personnel and account information to insure the integrity of the CSOS EDI system.

DEA Diversion E-Commerce Support toll free number: 1-877-332-3266