Introduction:

Form DEA-251 is for DEA Registrants requesting a CSOS digital certificate for electronic ordering of controlled substances. A DEA Registrant is the *individual* who signed the most recent application for DEA Registration or the individual *authorized* to sign the most recent application for DEA Registration. Only DEA Registrants may submit a CSOS DEA Registrant Certificate Application. All other individuals requesting the ability to sign electronic orders for controlled substances must enroll in the CSOS program as either a Coordinator (Form DEA-252) or Power of Attorney (Form DEA-253).

Completing the application:

The information must be **entered into the online form** with the exception of signatures, affirmations and the notary acknowledgment sections, which must be completed in blue or black ink. **All fields must be completed**.

The Registrant applicant must name him/herself as Coordinator or delegate the role to another Principal Coordinator applicant or existing subscriber.

The applicant should review the CSOS DEA Registrant Certificate Application Checklist to ensure all required documents are included with his/her application prior to mailing the application package to the CSOS Registration Authority.

Mail the completed applications and their attachments to the following:

Drug Enforcement Administration Sterling Park Technology Center / CSOS 8701 Morrissette Drive Springfield, VA 22152

What the applicant will receive:

DEA Registrant applicants will receive one CSOS Signing Certificate for each DEA Registration number enrolled. In addition to receiving a CSOS Signing Certificate for each DEA Registration number identified, each Registrant applicant will be issued one CSOS Administrative Certificate if serving the role of Coordinator.

The applicant will receive a pair of activation notices for each certificate issued.

- An E-mail activation notice will be sent for each certificate, which will contain an Access Code unique to that certificate
- A postal mailed activation notice will be sent for each certificate, which will contain an Access Code Password unique to that certificate as well as information for logging in to DEA's secure certificate retrieval Web site

The codes must be entered on the DEA E-Commerce Web site in order to retrieve the digital certificate.

Section 1 – Applicant Information (All fields required)

Field Name	Information Description
Applicant Last Name	Enter the last name of the Registrant applicant.
Applicant First Name	Enter the first name of the Registrant applicant.
MI	Enter the middle initial of the applicant. Enter 'X' if the applicant does
	not have a middle initial.
Applicant Social	Enter the Social Security Number of the applicant. This
Security Number	information will be protected and used for internal purposes as
	stated in the Privacy Policy.
Applicant Bus. Phone	Enter the business phone number for the applicant. This phone number
	will be kept private and will be used only when necessary for
	correspondence concerning your CSOS application or CSOS
	Certificate(s).
Applicant E-mail	Enter the <i>individual</i> E-mail address for the applicant, which must not be
Address	the same E-mail address as any other applicant. This E-mail address
	will be kept private and will be used for correspondence concerning
	your CSOS application or CSOS Certificate(s).
DEA Registration No.	Enter the DEA Registration Number for which the applicant is
	requesting electronic ordering ability and, if indicated, Principal
	Coordinator status. The number entered on the application MUST
	appear as it does on the associated DEA Registration Certificate.
	Inconsistency between the application and the registration certificate
DEAD '4 AN	will result in approval delays or denial.
DEA Registrant Name	Enter the name of the DEA Registered <i>location</i> as it appears on the
	DEA Registration Certificate (Form 223). Inconsistency between the
	application and Registration Certificate will result in approval delays or denial.
Security Code	Enter a security code for the applicant. This information will be kept
Security Code	private and used for authentication purposes. Use letters only. Do not
	include any numbers.
No. of Addendums	Enter the number of CSOS Certificate Application Registrant List
110. 01 / Iddeliddins	Addendums (Form DEA-254) submitted. <i>Enter '0' if no addendum</i>
	forms are attached. DEA Registrant List Addendums allow applicants
	to enroll for Certificates for additional DEA Registration numbers.
Applicant Business	Enter the business address of the CSOS Coordinator applicant. This
Address	address may be used for correspondence concerning CSOS Certificate
	applications, renewals, and revocations.
CSOS Coordinator	Enter the last name of the individual who will fulfill the role of Principal
Last Name	Coordinator for the DEA Registration number(s) identified. Enter the
	last name of the Registrant applicant if he/she is to fulfill the role of
	Principal Coordinator.
CSOS Coordinator	Enter the first name of the individual who will fulfill the role of
First Name	Principal Coordinator for the DEA Registration number(s) identified.
	Enter the first name of the Registrant applicant if he/she is to fulfill
	the role of Principal Coordinator.

Please contact DEA Diversion E-Commerce Support for enrollment assistance.

Phone: 1-877-DEA-ECOM (1-877-332-3266) E-mail: CSOSsupport@deaecom.gov

Section 2 – Applicant Signature (individual whose name appears in Section 1)

Applications that have not been signed will be denied and returned immediately.

Field Name	Information Description
Applicant	The Registrant applicant must sign and date the application using blue
Signature, Date	or black ink in the presence of a certified notary public. The party
	signing this application must be the same party listed in Section 1 –
	Applicant Information (First Name/Last Name/MI).

Section 3 – Notary Acknowledgement

Field Name	Information Description
Notary	A CERTIFIED NOTARY PUBLIC must complete the Acknowledgement
Acknowledgement	section using blue or black ink. All fields in this section, including the
	notary seal/stamp, must be completed. The Registrant applicant must sign
	the application in the presences of the CERTIFIED NOTARY PUBLIC.
	It is the responsibility of the applicant to ensure that all information is
	completed.

Warning: When the applicant signs the application, he/she is stating that he/she has read, understood, and agreed to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement and Certificate Policy. He/she is certifying that the information, statements and representations provided by him/her on the application are true and accurate to the best of his/her knowledge. He/She understands that presenting false information is a criminal offense and is punishable by law. Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.

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 control number for the collection of this information is 1117-0038. Public reporting burden for this collection of information is estimated to average 1.5 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Phone: 1-877-DEA-ECOM (1-877-332-3266) E-mail: CSOSsupport@deaecom.gov DEA-251 (Expires: November 30, 2022)

CSOS DEA Registrant Certificate Application

This application must be completed by the individual who signed the most recent application for DEA Registration (DEA Registrant) or the individual authorized to sign the most recent DEA Registration application. Read instructions before completing. **ALL FIELDS ARE REQUIRED.**

Section 1 – Applicant Information

Section 1 – Ap	piicant inioimation				
Applicant Last Name					
Applicant First Name					
MI	Applicant SSN Number		Applicant Bu	us. Phone	
Applicant E-Mail Add	ress				
DEA Registration No.	DEA Registrant Na	me			
Security Code (e.g. Mo	other's Maiden Name) Letters of	only. Remember this code to en	ure proper identij	fication when you call	the Support Desk. No. of Addendums
Applicant Business Ad	dress				
City			State	Zip	
CSOS Coordinator Las	st Name (Required - enter eithe	r CSOS DEA Registrant applic	ant or form DEA-	252 must be submitted	d by individual named below)
CSOS Coordinator Fire	st Name (Required - enter eithe	r CSOS DEA Registrant applic	ant or form DEA-2	252 must be submitted	l by individual named below)
Section 2 – App	plicant Signature				
System Subscriber Agr	reement and CSOS DEA Regis		fying that the info	ormation, statements,	in the Controlled Substance Ordering and representations provided by me on and is punishable by law.
(/ (/ (/		e, states that any person who re than four years, a fine of no	0.	•	false or fraudulent information in the
Applicant Signat	ure				Date
Note: This application	n will be denied and returned	if not signed and dated by th	e DEA Registran	t Applicant listed in	Section 1.
Section 3 — Nota	ary Acknowledgement				
Instructions to Notary: 1. Modify this form where necessary to assure compliance with the laws of your jurisdiction. Use the back of the form if necessary. 2. Notary must fully complete the Acknowledgement below 3. Sign and seal/stamp the Application form. 4. Identification #1 must be a government-issued, widely recognized form of photo ID, such as Driver's License or Passport. ID #2 does not require a photo, but must be a different form of ID. Examples: Valid government issued ID, employee ID card, utility or tax bill, major insurance card, or state pharmacist ID.					
State or Commonw	ealth of	County of	reanally appea	Country	
State or Commonwealth of County of Country On before me, personally appeared (Applicant) proved to me on the basis of the presentation of two forms of identification listed below to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same, and that by his/her signature on the instrument the person executed the instrument in my presence.					
ID #1 (with photograph ID #2	Type: Id Type: Id	dentifying Number:lentifying Number:	Expiratio Expiration	n Date: n Date:	
Witness my hand and o Notary's Signature:					Notary Stamp/Seal
Notary's Name (Print of Notary's Address:	r Type):				· · · · · · · · · · · · · · · · · · ·
Notary's Phone:	My Con	nmission Expires:	_		

Use the following checklist to ensure that your enrollment package is complete. Incomplete

applic	cations	will be returned if the requested missing items are not supplied within 90 days.				
	A printed barcode sheet must be attached and mailed with the application. If missing, application processing will be greatly delayed.					
	All DEA Registration numbers listed are valid for ordering Schedule I and/or II substances.					
	The Registrant applicant has read, understood, and agreed to the CSOS DEA Registrant Agreement, the CSOS Subscriber Agreement, and the CSOS Privacy Policy.					
The R Autho	_	at applicant must mail all of the following documents to the CSOS Registration				
		DEA-251 – the original, completed, signed, and notarized CSOS DEA Registrant icate Application				
		All fields have been completed – there are <i>no optional fields</i>				
		The Registrant applicant's E-mail address is a personal account, not shared with any other individual applicant				
		The Registrant applicant has indicated that he/she will fulfill the role of CSOS Coordinator, or has delegated the role to another individual				
		The application has been signed in the presence of a notary				
		The application has been notarized				
		orm of ID must be a Government-issued photo ID such as a driver's license or ort; the second form of ID does not require a photo and can be anything <i>except for a card</i> .				
	Regist CSOS Certif	ndums (Form DEA-254) – only required if the Registrant applicant is to be trant for <i>more than one location</i> . Each <i>additional location</i> must be indicated on the Certificate Registrant List Addendum (Form DEA-254). One CSOS Signing ficate will be issued to the Registrant for each DEA registration number. Please of DEA E-Commerce Support if enrolling for more than 50 DEA Registrations.				

	For all	carriers,	mail th	e com	olete	applicat	ion pack	age to:
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Drug Enforcement Administration
Sterling Park Technology Center / CSOS
8701 Morrissette Drive
Springfield, VA 22152