



# DEA Controlled Substance Mock Application

**Instructions:** *The form must be completed by the registrant. The form can be completed online but it must be printed and signed. Place a copy in the Controlled Substances Manual. It is recommended by the DEA to have this form available and in front of your manual.*

## Section 1 - Personal Information

Registrant Name: \_\_\_\_\_ Last 4 Digits of S.S #: \_\_\_\_\_

Job Title: \_\_\_\_\_ DEA Registration #: \_\_\_\_\_

## Section 2 - Security & Storage

Controlled substance storage location is building #: \_\_\_\_\_ room #: \_\_\_\_\_

- After hours, the facilities are accessed by key card. There are multiple entries prior to getting to the storage location. Security is provided 24/7 by the UCF Police Department.
- The facility may be equipped with surveillance cameras depending on the age of the building.

## Section 3 - Authorized User(s)

Access to Safe Box		Name	Title	Phone Number
<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<input type="checkbox"/> Yes	<input type="checkbox"/> No			

## Section 4 - Purpose For Use

Explain the conditions of the lawful research, teaching, or testing purposes in layman terms. For Schedule I, the protocol must be readily available.

Empty text area for explaining the conditions of lawful research, teaching, or testing purposes.

## Section 5 - Acknowledgement

I certify to the best of my knowledge, the information provided in this form is complete and accurate. I will notify the DEA of any major change(s) in the registration immediately.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_