



- MUST USE MOST **CURRENT FORM**
- **TYPED PREFERRED OR PRINT CLEARLY**
- **MAKE SURE ENTIRE CIRCLE IS FILLED**
- **EXAMPLE:** Yes  No

**CONTROLLED SUBSTANCES  
REGISTRATION**

For DPS Use Only

**APPLICATION FOR REGISTRATION**

**APPLICATION FEE \$25      LATE FEE \$50**

**I am applying for:**

New Registration       Additional Registration       Re-application

Renew Existing Registration      CSR Number: \_\_\_\_\_      Expiration Date: *MM / DD / YYYY*  
Must provide Registration Number

Online Payment Trace Number \_\_\_\_\_      Online Transaction Date (*MM/DD/YYYY*)  
/ /

**APPLICANT INFORMATION (Mid-Level Practitioners: Please use Form NAR-77A-78A)**

Last Name: \_\_\_\_\_      First Name: \_\_\_\_\_      Middle Name: \_\_\_\_\_      Suffix: *(IF ANY)* \_\_\_\_\_      Degree: \_\_\_\_\_

Business Name: \_\_\_\_\_      Social Security Number: - -

Email Address: \_\_\_\_\_      Date of Birth: mm / dd / yyyy

Current Board License Number: \_\_\_\_\_      Expiration Date: *MM / DD / YYYY*

Current Federal (DEA) Registration Number *(IF ANY):* \_\_\_\_\_      Expiration Date: *MM / DD / YYYY*

Current National Provider Identifier (NPI) *(IF ANY):* \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Physical Address required, if using PO box.)

City: \_\_\_\_\_      State: xx      ZIP Code: \_\_\_\_\_      County: \_\_\_\_\_

Phone Number Type:  Office  Cell  Home      Number: ( xxx ) xxx - xxxx      ext. xxxx      International Phone #:  Yes  No

**BUSINESS ACTIVITY** (Select Only One Activity, Practitioner Specify MD, DO, DDS, DVM, DPM, OD, Etc. In The Space Provided)

PRACTITIONER \_\_\_\_\_       HOSPITAL       RESEARCHER       DISTRIBUTOR  
 PHARMACY       MANUFACTURER       TEACHING INSTITUTION       ANALYST/ANALITICAL LAB

**DRUG SCHEDULES** (Select all that apply)

(1) SCHEDULE I, NARCOTIC       (2) SCHEDULE II, NARCOTIC       (3) SCHEDULE III, NARCOTIC       (4) SCHEDULE IV  
 (2N) SCHEDULE II, NON-NARCOTIC       (3N) SCHEDULE III, NON-NARCOTIC       (5) SCHEDULE V

**LIABILITY QUESTIONS** (If answer to 2, 3, or 4 is "yes" and an explanation is already on file, a new letter is not required unless information has changed.)

1. Is the applicant currently authorized to handle controlled substances under the Federal Controlled Substances Act (DEA Registration)?  Yes  No

2. Has the applicant been convicted or placed on community supervision or other probation for a felony, a violation of Health and Safety Code, Chapters 481-485, or another offense reasonably related to the registration sought? *(If yes, attach a letter stating circumstances of such actions.)*  Yes  No

3. Has any previous registration held by the applicant, corporation, firm, partner, officer, or stockholder of the applicant under the Texas or Federal CSA been surrendered, revoked, denied, or is it pending such action? *(If yes, attach a letter stating circumstances of such actions.)*  Yes  No

4. If the applicant is a corporation, association, or partnership, the following must be answered. Has any officer, partner, or stockholder been convicted of a felony, a violation of Health and Safety Code, Chapters 481-485, or another offense reasonably related to the registration sought? *(If yes, attach a letter stating circumstances of such actions.)*  Yes  No  N/A

**FEE EXEMPTION**

Does exemption of fee apply?  Yes  No *(If yes, attach Certification of Exemption From Fee, NAR-80)*

I verify the information provided below is true and correct, and I understand any required fee is **non-refundable**. I also understand this is an official government record and any missing information and/or false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Date: MM / DD / YYYY , \_\_\_\_\_

Signature of Applicant (Person required to sign: Hospital-Administrator, Pharmacy- Pharmacist-in-Charge, **No Stamped Signatures**)

(Printed Name and Title)

**Consent to Inspect:** Signature of the applicant or authorized individual further grants the director or his designee, the right to enter and to inspect the controlled premises or any records required to be kept by the Texas Controlled Substances Act.

**Note: Applicant is not required to submit Page 2 of this form.**

### Online Payment Instructions

Please visit [www.texas.gov/DPS-CSRfee](http://www.texas.gov/DPS-CSRfee). This will not complete your renewal process, only the payment portion. *Remember, if your Controlled Substances Registration expires, you have **no authority** to manufacture, distribute, prescribe, possess, analyze, dispense or conduct research with a controlled substance.*

### Application Submission

DPS cannot renew the registration until a completed renewal application has been submitted and approved. The online payment trace number must be indicated in the appropriate box on the application. Once DPS has approved your application, your renewal certificate will be mailed to the registrant's address.

If submitting Certification of Exemption, NAR-80, include with this application.

- **Online Secured Email**
  - [Contact Us](#), select "Controlled Substances" and complete the online form
  - <https://www.txdps.state.tx.us/rsd/contact/default.aspx>
- **Fax** to (512) 424-5799
- **Mailing Address:** Controlled Substances Registration MSC 0438  
Texas Department of Public Safety  
P.O. Box 15888  
Austin, Texas 78761-5888
- **Customer Contact:** (512) 424-7293

**Late Fee Notice:** A \$50 late fee will be charged for each renewal application received after the annual expiration date. The former registrations provides the registrant with no authority to manufacture, distribute, prescribe, possess, analyze, dispense or conduct research with a controlled substance after expiration, according to DPS Rule, section 13.29(d).

### Privacy Policy

Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

(a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that:

- (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual;
- (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and
- (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.

(b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.

Please visit: <http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm>