



## Authorized User Controlled Substance Questionnaire

Registrant Name:

Department:

The Drug Enforcement Administration requires that any person who will have access to controlled substances licensed to a particular Registrant be screened prior to receiving access to the controlled substance.

- 1) Within the past five years, have you been convicted of a felony, or, within the past two years, any misdemeanor, or, are you presently charged with committing a criminal offense? If yes, furnish the details of conviction, offense, location, date and sentence. Do not include traffic violations, juvenile offenses or military convictions, except by general court martial.

☐ Yes ☐ No

If yes, describe:

- 2) In the past 3 years, have you knowingly used narcotics, amphetamines, or barbiturates other than those prescribed to you by a physician?

☐ Yes ☐ No

If yes, describe:

- 3) Have you had an application for registration with the DEA denied, revoked, or surrendered for cause?

☐ Yes ☐ No

If yes, describe:

Applicant Name

Applicant 820

Applicant Signature

Registrant Signature

Date

Approved

Not approved