



Controlled Substance Authorized Users List

Send a copy of this form with your DEA license registration. A copy shall be kept with the controlled substance records. This form shall be updated immediately upon making changes in personnel.

Registrant Name: _____

Location Address: _____

Location Name: _____

Below is a current list of all individuals designated by me, the DEA registrant, to access controlled substances at the above location.

Name (print)	Signature	Initials (as signed on forms)	Date of Birth (MM/DD/ YYYY)	Notre Dame ID (9 digit number)

Registrant Signature: _____

Date: _____