

CSOS Power Of Attorney Certificate Application

This application is for individuals who hold valid Power of Attorney to obtain and sign Schedules I and/or II controlled substance orders for the DEA Registrant(s) identified. Prior to submitting this application either a CSOS DEA Registrant Certificate Application (form DEA-251) or the CSOS Principal Coordinator\ Alternate Coordinator Certificate Application (form DEA-252) must have been submitted for the DEA Registrant(s) identified. Read instructions before completing. ALL FIELDS ARE REQUIRED.

Section 1 – Applicant Information

Applicant Last Name				
<input type="text"/>				
Applicant First Name				
<input type="text"/>				
MI	Applicant SSN Number		Applicant Bus. Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant E-Mail Address				
<input type="text"/>				
DEA Registration No.	DEA Registrant Name			
<input type="text"/>	<input type="text"/>			
Security Code (e.g. Mother's Maiden Name) Letters only. Remember this code to ensure proper identification when you call the Support Desk.				No. of Addendums
<input type="text"/>				<input type="text"/>

Section 2 – Applicant Signature

By signing this document, I am stating that I have read, understand and agree to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement. I am also certifying that the information, statements, and representations provided by me on this form are true and accurate to the best of my knowledge. I understand 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.

Applicant Signature _____ **Date** _____

Note: This application will be denied and returned if not signed and dated by the Power of Attorney Applicant listed in Section 1.

Section 3 – CSOS Coordinator Affirmation of Applicant Identity Verification

As CSOS Principal Coordinator or CSOS Alternate Coordinator for the DEA Registrant(s) identified, I hereby affirm that I have verified the identity and authorization of the applicant in accordance with the DEA Registrant Agreement.

CSOS Coordinator Signature _____ **Date** _____

Last Name (Print)

First Name (Print)

Note: This application will be denied and returned if not signed and dated by an authorized CSOS Coordinator for the requested DEA Registration(s).