

**To: DEA REGISTRANT**

**Re: DEA Registration Application**

We are in receipt of your application for a DEA registration as a Retail Pharmacy in the state of North Carolina. In order to complete the process of your application, we will need the following additional information **via email**.

**Owner(s):** Full Name, DOB, and a copy of all the owner(s) NC Driver's License

**P.I.C. (Pharmacist in Charge):** Full Name and NC State Pharmacist License# (include if more than one pharmacist will be at this pharmacy location) and a copy of all the P.I.C. (s) NC Driver's License

**Pharmacy Technician(s):** Full Name, DOB, NC State Pharmacy Tech License#, and a copy of all the Pharmacy Technician(s) NC Driver's License

**Phone & FAX #** of the pharmacy, the complete pharmacy address **including** any suite#, a copy of the Certificate of Occupancy, and the date you plan to open the pharmacy. Please indicate if the pharmacy will be located in a shopping plaza, if so, provide the name of the shopping plaza. Also, please indicate if the pharmacy will be located **within** a practice/clinic office location.

We will also need to know if this new application is a result of a change of ownership. Construction or remodeling of the building should be completed or near completion.

Below is a list of the information, documentation, and security requirements that you need to complete and forward **via email**.

1. Copy of alarm contract or email from alarm service provider
2. Photograph of the front of the store
3. Photograph of pharmacy area
4. Photograph of your CII storage location and installation of CII storage cabinet or safe if applicable
5. Copy of your business license
6. Certificate of Occupancy
7. Pictures of the shelves installed in pharmacy

Please do **not** fax. Incomplete or insufficient information regarding the additional information requested will result in a delay of your DEA application review/process. If you have any questions, please do not hesitate to contact us: **Betty Goodman** @ 571.362.3853/Email: [betty.l.goodman@dea.gov](mailto:betty.l.goodman@dea.gov) or **Rachandra Taylor** @ 571.362.5780/ Email: [rachandra.e.taylor@dea.gov](mailto:rachandra.e.taylor@dea.gov).