

Safety and Risk Management Office

WCU Notification of Controlled Substance Registration Form

Instructions: Fill in the information and email the form to the [Safety and Risk Management Office](#).

Principal Investigator/Registrant: _____

Office Location: _____ Phone Number: _____ Email: _____

Location where controlled substance will be used: _____

Location where controlled substance will be stored: _____

Controlled Substance Name: _____

DEA Schedule Number (I-V): _____

Search the lists of Schedule Controlled Substances on the DEA website

<https://www.deadiversion.usdoj.gov/schedules/index.html>

DEA Drug Code Number(s): _____

Check your registration status below:

_____ NEW APPLICATION registration with NC-DCU (North Carolina Drug Control Unit) and US-DEA

_____ RENEWAL APPLICATION with NC-DCU

_____ RENEWAL APPLICATION WITH US-DEA

If this is a RENEWAL APPLICATION, provide the information below for your current registration:

NC DHHS Registration Number: _____ Expiration Date: _____

US-DEA Registration Number: _____ Expiration Date: _____

Provide a summary description of how the controlled substance(s) will be used: