

Controlled Substance Authorized Users Log

Signatures of all persons designated by the DEA Registrant as Authorized Users for this Location are required.

Lab Name: (PI) _____ **Department** _____

Lab Location Address: (Street address and Building) _____

Unit Registrant Name: (print) _____ **DEA#** _____

Date Signed	Name Please print	Job Title	Signature	Initials As used in records	Date Departed

I hereby certify that I have designated the persons listed above as Authorized Users for this location. Person is no longer an Authorized User when a "Date Departed" is entered.

DEA Registrant's Signature: _____ **Date:** _____