

Date: [Insert Date]

Drug Enforcement Administration
Registration Section
[Insert Local DEA Field Office Address]

Subject: Letter of Authorization for Controlled Substance Registration

To Whom It May Concern,

I, [Name of Authorizing Official/Registrant], hold the position of [Title] at [Name of Institution/Clinic/Pharmacy]. My current DEA Registration Number is [Insert Number, if applicable].

I hereby authorize [Name of Applicant/Practitioner] to apply for and maintain a DEA registration to handle controlled substances at the following location:

[Name of Facility]
[Street Address]
[City, State, Zip Code]

Under this authorization, [Name of Applicant/Practitioner] is permitted to:

- Order, prescribe, dispense, and/or administer controlled substances in schedules [Insert Schedules, e.g., II, III, IV, V].
- Execute DEA application forms and renewal documents.
- Maintain required records and inventories in accordance with 21 CFR Part 1300.

This authorization shall remain in effect until [Insert End Date] or until revoked in writing by the undersigned.

Sincerely,

(Signature of Authorizing Official)

[Printed Name of Authorizing Official]
[Title]
[Phone Number]
[Email Address]