

Authorized Users Signature Log

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 CS records	Date Departed

By signing this log you certify that:

- You have not been convicted of a felony within the last 5 years, a misdemeanor within the last 2 years or are presently formally charged with committing a criminal offense.
- You have not knowingly used any narcotics, amphetamines or barbiturates in the last 3 years unless prescribed to you by a physician.

I (DEA Registrant) 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. Whenever user names are added or deleted, be sure to forward a copy to your supplier(s) so they are aware of who can/cannot pick up controlled substances for your lab

Unit Registrant's Signature: _____

Date: _____