***Authorized Users Signature Log***

**Lab Name:** (PI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lab Location Address:** (Street address and Building) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unit Registrant Name:** (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DEA#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date Signed | NamePlease print | Job Title | Signature | InitialsAs used in CS records | Date Departed |
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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_