

## Year-End Reporting System (YERS) Application for System Access

### 1. Company Information

By completing the information below, I request access to the Drug Enforcement Administration's (DEA) online Year-End Reporting System (YERS).

<b>Manufacture/Importer</b>			
Registration Number:			
Company Name:			
Address1:			
Address2:			
City:			
State:			
Zip Code:			
Point of Contact (POC):			
POC Telephone:			
Email:			
Facsimile:			

### 2. Registration Information

List any additional DEA **manufacturing/Import** registration number(s) that will be included in the YERS report submitted by the above DEA number. Please **DO NOT** submit registration numbers for different registration types (i.e. distributor, exporter, research, chemical analysis, etc.)


### 3. User Agreement

I certify that I will protect the username and password that I receive from disclosure to unauthorized persons. If I am issued an administrative password, I acknowledge that I will be responsible for creating, modifying, and deleting user accounts within my organization, and that I am responsible for establishing a security policy within my organization to prevent disclosure of those user accounts to unauthorized persons. I will notify DEA immediately if I suspect a compromise of my username or password. I will also notify the DEA promptly of changes in personnel that affect account information or if I no longer need access to the YERS online application. I understand that failure to comply with this agreement may result in unauthorized disclosure of my information, and termination of my account.

--	--

Signature of Authorized Person

Date

--

Printed Name