

# DEA REGISTRATION FORM

Please fill in the following information, as it appears on your DEA Registration (DEA Form 223) and return with a legible photocopy of your DEA Form 223 to:

**Hawkins, Inc.  
Pharmaceutical Group  
Attn: Customer Service  
3000 East Hennepin Avenue  
Minneapolis, MN 55413**

Please print or type this information.

1. DEA Registration Number:	
2. This Registration Expires:	
3. Schedules:	
4. Business Activity:	
5. Date Issued:	

6. Pharmacy name and address (exactly as it appears on the registration):

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7. Contact Name: 

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8. Phone Number: 

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9. Fax Number: 

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The above information is correct to the best of my knowledge.

Signature/Date: 

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