



**West Virginia
Controlled Substances
Monitoring Program**



*2310 Kanawha Blvd, East
Charleston, WV 25311
(304) 558-8411 | (304) 558-0474 (fax)*

**DEA NUMBER PROFILE REQUEST FORM
Dispenser
*Please fill out completely***

Dispenser's Name: _____
First Middle Last

Address: _____

City County State Zip Code

DEA# _____ (needed to run report)

Report Period Requested: From _____ to _____
Date Date

Purpose for Request

<input type="checkbox"/> Forged prescription investigation <input type="checkbox"/> Suspected drug diversion <input type="checkbox"/> Other	<input type="checkbox"/> Stolen prescription investigation
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Printed Name of Requestor

Email Address

Title / Position

Telephone / Fax

_____ By my initials and by signing below, I hereby certify that the information requested will be used for the purpose of investigation by the dispenser named above.

Signature of Requestor