

Import / Export Declaration for List I and List II Chemicals

SEE REVERSE INSTRUCTIONS FOR PRIVACY ACT

OMB Approval No. 1117-0023

1a. Type of Transaction: IMPORT EXPORT INTERNATIONAL 1b. Type of Submission: ORIGINAL AMENDED WITHDRAWAL

1c. **WARNING!** 15-day advance notice required for initial shipment or for company that has lost regular importer or regular customer status. See 21 C.F.R. Part 1313 for further details.
 I certify I have met the conditions for the waiver of 15-day advance notice requirement.

DEA Transaction Number

2a. U.S. IMPORTER/ U.S. EXPORTER / U.S. BROKER
 (Name, address, telephone, and fax no.)

2b. IF IMPORT, LIST FOREIGN CONSIGNOR; IF EXPORT OR INTERNATIONAL TRANSACTION, LIST FOREIGN TRANSFEREE.
 (Name, address, telephone, and fax no.)

DEA Registration Number (for List I only): _____

Purchase/Invoice no. _____

Foreign permit no. (if applicable) _____

3. Listed Chemicals to be Imported / Exported / Brokered

3a. Name and Description of chemical appearing on label or container. For drug products, show dosage strength and dosage size.	3b. Name of chemicals as designated by Title 21 C.F.R. 1310.02	3c. Number of containers, size, net weight of each chemical (kg). For drug products, show number of dosage units. Show net total weight per chemical.	3d. DATE OF ACTUAL IMPORT/EXPORT AND ACTUAL QUANTITY (To be completed by person named in (2a).) If same as 3c, write "same as 3c."

4a. FOREIGN DOMESTIC

PORT OF EXPORTATION: _____

APPROX. DEPARTURE DATE: _____

4b. FOREIGN DOMESTIC

PORT OF IMPORTATION: _____

APPROX. ARRIVAL DATE: _____

5. MODE OF TRANSPORTATION, NAME OF VESSEL, OR NAME OF CARRIER: _____

SIGNATURE OF AUTHORIZED INDIVIDUAL (Print or Type Name below Signature)

DATE: _____

Print Name: _____

6. RETURN DECLARATION FOR EXPORTS AND INTERNATIONAL TRANSACTIONS (Name & Quantity of List I and List II Chemicals exported to the Transferee or resulting from International Transaction. MUST be returned within 30 days from actual date of export (3d).

SIGNATURE:

DATE:

For IMPORTS: List TRANSFEREE(S) UPON INITIAL APPLICATION (Names, address, telephone, and fax no.) Fill in 7 through 9. USE SEPARATE SHEET IF MORE THAN 3 TRANSFEREES. **For INTERNATIONAL TRANSACTIONS:** Show foreign supplier in 7a and 7b only.

7a. NAME OF TRANSFEREE OF IMPORT

7b. ADDRESS OF TRANSFEREE OF IMPORT

7c. Name & Quantity of List I and List II chemical to be Imported for this transferee. (Enter names as shown on labels; numbers and sizes of packages; and strength.)

7d. Name & Quantity of List I and List II Chemical Actually Imported and Date Imported for this Transferee

7e. RETURN DECLARATION (Name & Quantity of List I and List II Chemical Distributed to the Transferee. MUST be returned within 30 days of date of actual import (7d) If amount not completely distributed, send a Return Declaration 30 days from the next distribution.). If the whole order was distributed, may say "all import distributed" and the date.

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4a. FOREIGN DOMESTIC 4b. FOREIGN DOMESTIC

PORT OF EXPORTATION: _____ PORT OF IMPORTATION: _____

APPROX. DEPARTURE DATE: _____ APPROX. ARRIVAL DATE: _____

5. MODE OF TRANSPORTATION, NAME OF VESSEL, OR NAME OF CARRIER: _____

SIGNATURE OF AUTHORIZED INDIVIDUAL (Print or Type Name below Signature) _____ DATE: _____

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