This form should be completed ONLINE and PRINTED on your printer. Complete the first two pages of this form ONLY. The remaining pages will be completed automatically. Refer to the instructions for guidance on the use of the 4 copies of this form.

U.S. Department of Justice | **Drug Enforcement Administration**

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.)

DEA Registration Number (for List I only): _____

Purchase/Invoice no. _____

2b. IF IMPORT, LIST FOREIGN CONSIGNOR; IF EXPORT OR INTERNATIONAL TRANSACTION, LIST FOREIGN TRANSFEREE.
(Name, address, telephone, and fax 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)

Print Name:

DATE:

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 TRANFEREES. **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.

SIGNATURE: DATE:

8a. NAME OF TRANSFEREE OF IMPORT	8b. ADDRESS OF TRANSFEREE OF IMPORT
8c. 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.)	8d. Name & Quantity of List I and List II Chemical Actually Imported and Date Imported for this Transferee.

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SIGNATURE: DATE:

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Reset Form

Print Form

Complete only the first two pages of form. The remaining pages will be automatically completed.

U.S. Department of Justice

Import / Export Declaration for List I and List II Chemicals

Drug Enforcement Administration

SEE REVERSE INSTRUCTIONS FOR PRIVACY ACT

OMB Approval No. 1117-0023

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DEA Transaction Number

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(Name, address, telephone, and fax no.)

DEA Registration Number (for List I only): _____

Purchase/Invoice no. _____

2b. IF IMPORT, LIST FOREIGN CONSIGNOR; IF EXPORT OR INTERNATIONAL TRANSACTION, LIST FOREIGN TRANSFEREE.
(Name, address, telephone, and fax 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)

Print Name:

DATE:

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:

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7a. NAME OF TRANSFEREE OF IMPORT	7b. ADDRESS OF TRANSFEREE OF IMPORT
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(Name, address, telephone, and fax no.)

DEA Registration Number (for List I only): _____

Purchase/Invoice no. _____

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

Foreign permit no. (if applicable)_____

3. Listed Chemicals to be Imported / Exported / Brokered

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4a. ☐ FOREIGN ☐ DOMESTIC
PORT OF EXPORTATION:_____
APPROX. DEPARTURE DATE:

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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)

Print Name:

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