Please complete Copy 1 (Page 1 and 2) Only. Information will be transferred to Copy 2 and Copy 3.

U.S. Department of Justice

Import Declaration for Ephedrine, Pseudoephedrine and Phenylpropanolamine

Drug Enforcement Administration

SEE INSTRUCTIONS FOR PRIVACY ACT	OMB Approval No. 1117-0023 Expiration Date: 10/31/2020
1. Type of Submission: ☐ ORIGINAL ☐ AMENDED ☐ WITHDRAWAL	DEA TRANSACTION ID NUMBER:

NOTICE! A 15-day advance notice is required for all U.S. imports of Ephedrine, Pseudoephedrine, and Phenylpropanolamine.

2a. NAME OF IMPORTER	2b. ADDRESS OF IMPORTER
2c. DEA REGISTRATION NUMBER:	

2d. TELEPHONE NO. OF IMPORTER	2e. E-MAIL ADDRESS OF IMPORTER	2f. PURCHASE/INVOICE NO. (optional)

3a. NAME OF FOREIGN EXPORTER	3b. ADDRESS OF FOREIGN EXPORTER
4a. NAME OF FOREIGN MANUFACTURER (If same as 3a, enter "Same as 3a")	4b. ADDRESS OF FOREIGN MANUFACTURER
5a. NAME OF FOREIGN DISTRIBUTOR (If applicable)	5b. ADDRESS OF FOREIGN DISTRIBUTOR (If applicable)

EPHEDRINE, PSEUDOEPHEDRINE, AND PHENYLPROPANOLAMINE TO BE IMPORTED

6a. Name and Description of chemical appearing on label or container and DEA Chemical Code (see 21 CFR §1310.02).	6b. Import Quota	6c. Number of containers, size, net weight (express as base) in kilograms for each chemical listed. For drug products, show number of dosage units.	6d. Actual Date of Import; Name of each chemical imported and its Actual Net Weight (To be completed by importer).
	Current year Quota [ ]		
	Quota used to date for current year		
	Amount of Quota remaining		

7a. FOREIGN PORT OF EXPORTATION:	APPROX. DEPARTURE DATE:
7b. DOMESTIC PORT OF IMPORTATION:	APPROX. ARRIVAL DATE:

8. MODE OF TRANSPORTATION and NAME OF VESSEL or NAME OF CARRIER:

9. RETURN DECLARATION FOR IMPORTER. MUST be returned within 30 days from actual date of import (6d).	
SIGNATURE:	DATE:

LIST TRANSFEREE(S) ON INITIAL SUBMISSION OF DECLARATION. USE ANOTHER SHEET IF MORE THAN 3 TRANFEREES.	DEA TRANSACTION ID NUMBER:
10a. NAME OF TRANSFEREE OF IMPORT	10b. ADDRESS OF TRANSFEREE OF IMPORT
10c. DEA REGISTRATION NUMBER (If applicable):	10d. TELEPHONE NUMBER:
10e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. *(Enter names as shown on labels; numbers and sizes of packages; and strength.)*	10f. Name & Quantity of Listed Chemical Actually Imported and Date Transferred to this Transferee

10g. **RETURN DECLARATION** (Actual Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine Distributed to the Transferee. MUST be returned within 30 days from actual date of import (6d). 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:

11a. NAME OF TRANSFEREE OF IMPORT	11b. ADDRESS OF TRANSFEREE OF IMPORT
11c. DEA REGISTRATION NUMBER (If applicable):	11d. TELEPHONE NUMBER:
11e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. *(Enter names as shown on labels; numbers and sizes of packages; and strength.)*	11f. Name & Quantity of Listed Chemical Actually Imported and Date Transferred to this Transferee.

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U.S. Department of Justice

Import Declaration for Ephedrine, Pseudoephedrine and Phenylpropanolamine

Drug Enforcement Administration

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4a. NAME OF FOREIGN MANUFACTURER (If same as 3a, enter "Same as 3a")	4b. ADDRESS OF FOREIGN MANUFACTURER
5a. NAME OF FOREIGN DISTRIBUTOR (If applicable)	5b. ADDRESS OF FOREIGN DISTRIBUTOR (If applicable)

EPHEDRINE, PSEUDOEPHEDRINE, AND PHENYLPROPANOLAMINE TO BE IMPORTED

6a. Name and Description of chemical appearing on label or container and DEA Chemical Code (see 21 CFR §1310.02).	6b. Import Quota	6c. Number of containers, size, net weight (express as base) in kilograms for each chemical listed. For drug products, show number of dosage units.	6d. Actual Date of Import; Name of each chemical imported and its Actual Net Weight (To be completed by importer).
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	Quota used to date for current year		
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8. MODE OF TRANSPORTATION and NAME OF VESSEL or NAME OF CARRIER:

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