U.S. De APPLICATION FOR	OMB APPROVAL No. 1117-0013 Expiration Date: 2/28/2027				
P		<b>CTION 1002, TITLE III, P.L.</b> ns on reverse before complete			See reverse for Privacy Act
DRUG ENFORCEM			DATE		
TO: IMPORT/EXPORT 8701 MORRISSETT	IFLD. VA 22152		IMPORTER'S APPLICATION NUMBER		
Appl	ication is hereby m	ade pursuant to the provisio			t and Export
Act a	and the regulations	prescribed thereunder for a		s follows: DREIGN EXPORTER	
3. FOREIGN PORT OF EXPORTATION		4. PORT OF ENTRY (U.S. Customs port where shipment will clear) 5. LATEST DATE SHIPMENT WILL LEAVE FOREIGN PORT			
6a. NAME AND QUANTITY OF DRUG PREPARATION TO BE IMPORTED (Enter names as shown on labels; numbers and sizes of packages; strength, CSA Drug Code, and NDC Number)		PREPARATION TO BE IMPORTED expressed as acid, base or (Co alkaloid (Enter name of controlled substance contained in the drug, compound, or preparation)		DATE RELEASED AND ACTUAL QUANTITY (Completed by registrant at time of import) PERMIT NO:	
7a. ASSIGNED QUOTA FOR THIS	7b. TOTAL KG AUTH	HORIZED ON PERMITS THIS	7c. KG OF 7b. IMPC	DRTED TO DATE	7d. STOCK ON HAND & DATE
YEAR 8. IF SUBSTANCE(S) WILL BE IMPORTED I hereby certify the above c		POSES ONLY, PLEASE COMPLETE are imported exclusively for scie		ant to 21 CFR 1312.1	3(a)(4) (see reverse), as follows:
NAME OF IMPORTER				e of Certifying Individu OF IMPORTER	al

IMPORTER'S TELEPHONE NO.	DEA REGISTRATION NO.	SIGNATURE AND TITLE OF PERSON MAKING APPLICATION				
NOTICE: Controlled Substances may not be imported by mail or parcel post.						
DEA USE	APPROVED IMPORT PERMIT NUMBER	DATE IMPORT PERMIT NUMBER ISSUED				
ONLY						