SEE REVERS	E INSTRUCTIONS FOR PRIV	ACY A	СТ	OMB Approval No. 1117-0023	
1a. Type of Transaction: [ ] IMPORT [ ] EXPO	ORT []INTERNATIONAL	1b. Ty	rpe 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.				A Transaction Number	
2a. U.S. IMPORTER/ U.S. EXPORTER / U.S. BROKER (Name, address, telephone, and fax no.)		25	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.		For	reign permit no. (if applicable)		
	3. Listed Chemicals to be I	mporte	d / 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 1310.02	.F.R.	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 LI FORFICN LI DO	MESTIC		4b [1 EODEIGN	LIDOMESTIC	
4a. [] FOREIGN [] DOMESTIC PORT OF EXPORTATION:			4b. [] FOREIGN [] DOMESTIC PORT OF IMPORTATION:		
APPROX. DEPARTURE DATE:			APPROX. ARRIVAL DATE:		
5. MODE OF TRANSPORTATION, NAME OF VESSEL, OR NAME OF CARRIER:					
SIGNATURE OF AUTHORIZED INDIVIDUAL (P Signature)  Print Name:	rint or Type Name below	DATI	E:		

6. <b>RETURN DECLARATION FOR EXPORTS AND INTERNATIONAL TRANSAC</b> Transferee or resulting from International Transaction. MUST be returned within					
SIGNATURE:  For IMPORTS: List TRANSFEREE(S) UPON INITIAL APPLICATION (Names, a IF MORE THAN 3 TRANFEREES. For INTERNATIONAL TRANSACTIONS: SH					
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 <u>Actually Imported and Date Imported for this Transferee</u>				
7e. <b>RETURN DECLARATION</b> (Name & Quantity of List I and List II Chemical Dis import (7d) If amount not completely distributed, send a Return Declaration 30 daimport 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.				
8e. <b>RETURN DECLARATION</b> (Name & Quantity of List I and List II Chemical Distributed to the Transferee. MUST be returned within 30 days from actual date of import (8d) 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:				
9a. NAME OF TRANSFEREE OF IMPORT	9b. ADDRESS OF TRANSFEREE OF IMPORT				
9c. 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.)	9d. Name & Quantity of List I and List II Chemical Actually Imported and Date Imported for this Transferee.				
9e. <b>RETURN DECLARATION</b> (Name & Quantity of List I and List II Chemical Distributed to the Transferee. MUST be returned within 30 days of date of actual import (9d) 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:				

SEE REVERSE INSTRUCTIONS FOR PRIVACY ACT OMB Approval No. 1117-0023					
			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.					
2a. U.S. IMPORTER/ U.S. EXPORTER / U.S. BROKER (Name, address, telephone, and fax no.)		25	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.		Fo	reign permit no. (if applicable)		
	3. Listed Chemicals to be	Importe	d / 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 1310.02	C.F.R.	3c. Number of containers, size, net weight of each chemica (kg). For drug products, show number of dosage units. Show net total weighper chemical.	I IMPORT/EXPORT AND ACTUAL QUANTITY (To be completed by person named in	
4a [1] FOREIGN [1] DO	MESTIC		4b [ ] FORFIGN	[ ] DOMESTIC	
4a. [] FOREIGN [] DOMESTIC PORT OF EXPORTATION:			4b. [] FOREIGN [] DOMESTIC PORT OF IMPORTATION:		
APPROX. DEPARTURE DATE:			APPROX. ARRIVAL DATE:		
5. MODE OF TRANSPORTATION, NAME OF VESSEL, OR NAME OF CARRIER:					
SIGNATURE OF AUTHORIZED INDIVIDUAL (F Signature)  Print Name:	rint or Type Name below	DAT	E:		

Transferee or resulting from International Transaction. MUST be returned within 30 days from actual date of export (3d).					
CNATURE.					
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 <u>Actually Imported and Date Imported for this Transferee</u>				
7e. <b>RETURN DECLARATION</b> (Name & Quantity of List I and List II Chemical Distimport (7d) If amount not completely distributed, send a Return Declaration 30 daimport 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 <u>Actually Imported and Date Imported for this Transferee.</u>				
8e. <b>RETURN DECLARATION</b> (Name & Quantity of List I and List II Chemical Dist of import (8d) If amount not completely distributed, send a Return Declaration 30 "all import distributed" and the date.					
SIGNATURE:	DATE:				
9a. NAME OF TRANSFEREE OF IMPORT	9b. ADDRESS OF TRANSFEREE OF IMPORT				
9c. 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.)	9d. Name & Quantity of List I and List II Chemical <u>Actually Imported and Date Imported for this Transferee</u> .				
9e. <b>RETURN DECLARATION</b> (Name & Quantity of List I and List II Chemical Distributed to the Transferee. MUST be returned within 30 days of date of actual import (9d) 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.					
CICNATURE	DATE				

6. RETURN DECLARATION FOR EXPORTS AND INTERNATIONAL TRANSACTIONS (Name & Quantity of List I and List II Chemicals exported to the

SEE REVERSE INSTRUCTIONS FOR PRIVACY ACT OMB Approval No. 1117-0023					
			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.					
2a. U.S. IMPORTER/ U.S. EXPORTER / U.S. BROKER (Name, address, telephone, and fax no.)		21	D. IF IMPORT, LIST FOREIGN C INTERNATIONAL TRANSAC <sup>*</sup> (Name, address, telephone, a	TION, LIST FOREIGN TRANSFEREE.	
DEA Registration Number (for List I only):					
Purchase/Invoice no.		Fo	reign permit no. (if applicable)		
	3. Listed Chemicals to be	Importe	d / 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 0 1310.02	C.F.R.	3c. Number of containers, size net weight of each chemica (kg). For drug products, show number of dosage units. Show net total weigh per chemical.	IMPORT/EXPORT AND ACTUAL QUANTITY (To be completed by person named in	
4a [1] FOREIGN [1] DO	MESTIC		4b. [1 FOREIGN	LIDOMESTIC	
4a. [ ] FOREIGN [ ] DOMESTIC PORT OF EXPORTATION:			4b. [] FOREIGN [] DOMESTIC PORT OF IMPORTATION:		
APPROX. DEPARTURE DATE:			APPROX. ARRIVAL DATE:		
5. MODE OF TRANSPORTATION, NAME OF VESSEL, OR NAME OF CARRIER:					
SIGNATURE OF AUTHORIZED INDIVIDUAL (F Signature)	rint or Type Name below	DAT	E:		
Print Name:					

6. <b>RETURN DECLARATION FOR EXPORTS AND INTERNATIONAL TRANSAC</b> Transferee or resulting from International Transaction. MUST be returned within					
SIGNATURE:  For IMPORTS: List TRANSFEREE(S) UPON INITIAL APPLICATION (Names, a IF MORE THAN 3 TRANFEREES. For INTERNATIONAL TRANSACTIONS: Sh					
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. <b>RETURN DECLARATION</b> (Name & Quantity of List I and List II Chemical Dis import (7d) If amount not completely distributed, send a Return Declaration 30 da import distributed" and the date.					
SIGNATURE:	DATE:				
8a. NAME OF TRANSFEREE OF IMPORT	8b. ADDRESS OF TRANSFEREE OF IMPORT				
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8e. <b>RETURN DECLARATION</b> (Name & Quantity of List I and List II Chemical Distributed to the Transferee. MUST be returned within 30 days from actual date of import (8d) 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:				
9a. NAME OF TRANSFEREE OF IMPORT	9b. ADDRESS OF TRANSFEREE OF IMPORT				
9c. 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.)	9d. Name & Quantity of List I and List II Chemical Actually Imported and Date Imported for this Transferee.				
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SEE REVERS	СТ		OMB Approval No. 1117-0023		
1a. Type of Transaction: [ ] IMPORT [ ] EXPO	ype of Submission: [ ] ORIGINAL [ ] AMENDED [ ] WITHDRAWA		AMENDED [] WITHDRAWAL		
1c. WARNING! 15-day advance notice required or regular customer status. S  [ ] I certify I have met the comparison of th					
2a. U.S. IMPORTER/ U.S. EXPORTER / U.S. E (Name, address, telephone, and fax no.)	BROKER	25	o. IF IMPORT, LIST FOREIGN INTERNATIONAL TRANSA (Name, address, telephone,	CTION	, LIST FOREIGN TRANSFEREE.
DEA Registration Number (for List I only):					
Purchase/Invoice no.		For	reign permit no. (if applicable)_		
	3. Listed Chemicals to be	Importe	d / 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 0 1310.02	C.F.R.	3c. Number of containers, siz net weight of each chemi (kg). For drug products, show number of dosage units. Show net total wei per chemical.	cal	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 [] DO	MESTIC		4b [1 FOREIGN		LIDOMESTIC
4a. [ ] FOREIGN [ ] DOMESTIC PORT OF EXPORTATION:		4b. [] FOREIGN [] DOMESTIC PORT OF IMPORTATION:			
APPROX. DEPARTURE DATE:			APPROX. ARRIVAL DATE:		
5. MODE OF TRANSPORTATION, NAME OF VESSEL, OR NAME OF CARRIER:					
SIGNATURE OF AUTHORIZED INDIVIDUAL (F Signature)	rint or Type Name below	DAT	E:		

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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	7d. Name & Quantity of List I and List II Chemical Actually Imported and				
transferee. (Enter names as shown on labels; numbers and sizes of packages; and strength.)	Date Imported for this Transferee				
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9a. NAME OF TRANSFEREE OF IMPORT	9b. ADDRESS OF TRANSFEREE OF IMPORT				
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SIGNATURE	DATE				