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 or regular customer status. See 21 C.F.R. Part 1313 for further de [] I certify I have met the conditions for the waiver of 15-day adv.			ny that has lost regular importer details.		
2a. U.S. IMPORTER/ U.S. EXPORTER / U.S. BROKER (Name, address, telephone, and fax no.)		21	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 weigl per chemical.	I 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 V	/ESSEL, OR NAME OF CAR	RIER:			
SIGNATURE OF AUTHORIZED INDIVIDUAL (F Signature)	rint or Type Name below	DAT	E:		
Print Name:		1			

6. RETURN DECLARATION FOR EXPORTS AND INTERNATIONAL TRANSACT Transferee or resulting from International Transaction. MUST be returned within a		
SIGNATURE:	DATE:	
For IMPORTS: List TRANSFEREE(S) UPON INITIAL APPLICATION (Names, a IF MORE THAN 3 TRANFEREES. For INTERNATIONAL TRANSACTIONS: Sh	address, telephone, and fax no.) Fill in 7 through 9. USE SEPARATE SHEET	
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 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. RETURN DECLARATION (Name & Quantity of List I and List II Chemical Distributed (18d) 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 Actually Imported and Date Imported for this Transferee.	
9e. 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 (9d). If amount not completely distributed, send a Return Declaration 30 days from the next distribution.). If the whole order was distributed, may say "a import distributed" and the date.		
SIGNATURE:	DATE:	

	SEE REVERS	SE INSTRUCTIONS FOR PRI	VACY A	СТ		OMB Approval No. 1117-0023
1a. Type of Transaction: [] IMPORT [] EXPORT [] INTERNATIONAL 1b.			1b. Ty	rpe of Submission: [] ORIGINA	AL []	AMENDED [] WITHDRAWAL
1c. WARNING! 15-day advance notice required for initial shipment or for comp or regular customer status. See 21 C.F.R. Part 1313 for furthe [] I certify I have met the conditions for the waiver of 15-day at the conditions for the conditions			rther det	er details.		
2a. U.S. IMPORTER/ U.S. EXPORTER / U.S. BROKER (Name, address, telephone, and fax no.)		25	IF IMPORT, LIST FOREIGN CONSIGNOR; IF EXPORT OR INTERNATIONAL TRANSACTION, LIST FOREIGN TRANSFEREE. (Name, address, telephone, and fax no.)			
DEA Registration Nu	mber (for List I only):					
Purchase/Invoice no.			For	reign permit no. (if applicable)_		
		3. Listed Chemicals to be	mporte	d / Exported / Brokered		
	iption of chemical el or container. For drug osage strength and	3b. Name of chemicals as designated by Title 21 C 1310.02	.F.R.	3c. Number of containers, siz net weight of each chemic (kg). For drug products, show number of dosage units. Show net total weig 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."
42 [156	OREIGN (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 TRANS	SPORTATION, NAME OF V	/ESSEL, OR NAME OF CARF	RIER:			
SIGNATURE OF AU Signature)	THORIZED INDIVIDUAL (P	rint or Type Name below	DAT	E:		
Print Name:						

6. RETURN DECLARATION FOR EXPORTS AND INTERNATIONAL TRANSAC 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. RETURN DECLARATION (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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SIGNATURE:	DATE:			
9a. NAME OF TRANSFEREE OF IMPORT	9b. ADDRESS OF TRANSFEREE OF IMPORT			
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9e. 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 (9d). If amount not completely distributed, send a Return Declaration 30 days from the next distribution.). If the whole order was distributed, may say "a import distributed" and the date.				
SIGNATURE:	DATE			

SEE REVERS	СТ		OMB Approval No. 1117-0023		
1a. Type of Transaction: [] IMPORT [] EXPORT [] INTERNATIONAL 1b. Ty			ype of Submission: [] ORIGINAL [] AMENDED [] WITHDRAW		AMENDED [] WITHDRAWAL
or regular customer status.	red for initial shipment or for c See 21 C.F.R. Part 1313 for fu onditions for the waiver of 15-	urther det	tails.	DEA.	Transaction Number
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 [1 FOREIGN [1 DO	MESTIC		4b. [] FOREIGN		[] DOMESTIC
4a. [] FOREIGN [] DOMESTIC PORT OF EXPORTATION:			4b. [] FOREIGN PORT OF IMPORTATION: _		[]DOMESTIC
APPROX. DEPARTURE DATE:			APPROX. ARRIVAL DATE:		
5. MODE OF TRANSPORTATION, NAME OF \	/ESSEL, OR NAME OF CARI	RIER:			
SIGNATURE OF AUTHORIZED INDIVIDUAL (F Signature)	rint or Type Name below	DAT	E:		

6. RETURN DECLARATION FOR EXPORTS AND INTERNATIONAL TRANSAC Transferee or resulting from International Transaction. MUST be returned within				
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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 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			
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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			

SEE REVERS	СТ		OMB Approval No. 1117-0023		
1a. Type of Transaction: [] IMPORT [] EXPORT [] INTERNATIONAL 1b. Ty			ype of Submission: [] ORIGINAL [] AMENDED [] WITHDRAWA		AMENDED [] WITHDRAWAL
or regular customer status.	red for initial shipment or for c See 21 C.F.R. Part 1313 for fo onditions for the waiver of 15-	urther de	tails.	DEA.	Transaction Number
2a. U.S. IMPORTER/ U.S. EXPORTER / U.S. E (Name, address, telephone, and fax no.)	BROKER	21	b. IF IMPORT, LIST FOREIGN INTERNATIONAL TRANSA (Name, address, telephone,	CTION	, 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 (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 [1 FOREIGN [1 DO	MESTIC		4b. [] FOREIGN		[] DOMESTIC
4a. [] FOREIGN [] DOMESTIC PORT OF EXPORTATION:			4b. [] FOREIGN PORT OF IMPORTATION: _		[] DOMESTIC
APPROX. DEPARTURE DATE:			APPROX. ARRIVAL DATE:		
5. MODE OF TRANSPORTATION, NAME OF V	/ESSEL, OR NAME OF CAR	RIER:	,		
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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