Import Declaration for Ephedrine, Pseudoephedrine and Phenylpropanolamine

SEE INSTRUCTIONS FOR PRIVACY ACT				OMB Approval No. 1117-0023 Expiration Date: 1/31/2024			
1. Type of Submission: [] ORIGINAL [] AMENDED [] WITHDRAWAL			WAL	DEA TRANSACTION ID NUMBER:			
NOTICE! A 15-day advance notice is required for all U.S. imports of Ephe			nedrine, Pseudoephedrine, and Phenylpropanolamine.				
2a. NAME OF IMPORTER			2b. ADI	DRESS OF IMP	ORTER		
2c. DEA REGISTRATION NUMBER:							
2d. TELEPHONE NO. OF IMPORTER	2e. E-MAIL ADDRESS	OF IMPORTI	IMPORTER 2f. PURCHASE/INVOICE NO. (optional)				
3a. NAME OF FOREIGN EXPORTER 3b. ADDR		3b. ADDRES	ADDRESS OF FOREIGN EXPORTER				
4a. NAME OF FOREIGN MANUFACTURER (If same as 3a, enter "Same as 3a") 4b.		4b. ADDRES	SS OF FC	DREIGN MANUI	FACTURER		
				DREIGN DISTR)
6a. Name and Description of chemical	6b. Import Quota						I Date of Import; Name of
appearing on label or container and DEA Chemical Code (see 21 CFR §1310.02).	ob. Import Quota	6c. Number of conta (express as base chemical listed. number of dosag		in kilograms for or drug product	r each	each Actua	chemical imported and its Il Net Weight (To be leted by importer).
	Current year Quota []						
	Quota used to date for current year						
	Amount of Quota remaining	ita					
7a. FOREIGN PORT OF EXPORTATION:		ı		APPROX. DEPARTURE DATE:			
7b. DOMESTIC PORT OF IMPORTATION: APPROX. ARRIVAL DATE:					:		
8 MODE OF TRANSPORTATION and NAM	E OF VESSEL or NAME		R.				

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

SIGNATURE:

LIST TRANSFEREE(S) ON INITIAL SUBMISSION OF DECLARATION. USE AN SHEET IF MORE THAN 3 TRANFEREES.	OTHER	DEA TRANSACTION ID NUMBER:
10a. NAME OF TRANSFEREE OF IMPORT	10b. ADI	DRESS OF TRANSFEREE OF IMPORT
10c. DEA REGISTRATION NUMBER (If applicable):	10d. TEL	EPHONE NUMBER:
10e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. (<i>Enter names as</i> <i>shown on labels; numbers and sizes of packages; and strength.</i>)		ne & Quantity of Listed Chemical <u>Actually Imported and Date</u> red 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. <i>(Enter names as shown on labels; numbers and sizes of packages; and strength.)</i>	11f. Name & Quantity of Listed Chemical <u>Actually Imported and Date</u> <u>Transferred to this Transferee.</u>

11g. **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:
12a. NAME OF TRANSFEREE OF IMPORT	12b. ADDRESS OF TRANSFEREE OF IMPORT
12c. DEA REGISTRATION NUMBER (If applicable):	12d. TELEPHONE NUMBER:
12e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. <i>(Enter names as shown on labels; numbers and sizes of packages; and strength.)</i>	12f. Name & Quantity of Listed Chemical <u>Actually Imported and Date</u> <u>Transferred to this Transferee</u> .

12g. **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:

13. SIGNATURE OF IMPORTER (Print or Type Name below Signature)

Import Declaration for Ephedrine, Pseudoephedrine and Phenylpropanolamine

SEE INSTRUCTIONS FOR PRIVACY ACT				OMB Approval No. 1117-0023 Expiration Date: 1/31/2024			
1. Type of Submission: [] ORIGINAL [] AMENDED [] WITHDRAWAL		WAL	AL DEA TRANSACTION ID NUMBER:				
NOTICE! A 15-day advance notice is required for all U.S. imports of Ephedrine, Pseudoephedrine, and Phenylprop				Ipropanola	amine.		
2a. NAME OF IMPORTER			2b. ADI	DRESS OF IMP	ORTER		
2c. DEA REGISTRATION NUMBER:							
2d. TELEPHONE NO. OF IMPORTER	2e. E-MAIL ADDRESS	S of Import	IMPORTER 2f. PURCHASE/INVOICE NO. (optional)				
3a. NAME OF FOREIGN EXPORTER		3b. ADDRES	ADDRESS OF FOREIGN EXPORTER				
4a. NAME OF FOREIGN MANUFACTURER (If same as 3a, enter "Same as 3a") 4b		4b. ADDRES	SS OF FC	DREIGN MANUI	FACTURER		
5a. NAME OF FOREIGN DISTRIBUTOR (If applicable) 5b.			5b. ADDRESS OF FOREIGN DISTRIBUTOR (If applicable)				
EPHEDRIN	IE, PSEUDOEPHEDRIN	NE, AND PHEI	NYLPRO	PANOLAMINE	TO BE IMP	ORTED	
6a. Name and Description of chemical appearing on label or container and DEA Chemical Code (see 21 CFR §1310.02).	6b. Import Quota	(express chemical	Number of containers, size, net weig (express as base) in kilograms for ea chemical listed. For drug products, s number of dosage units.		r each	each Actua	al Date of Import; Name of chemical imported and its al Net Weight (To be leted by importer).
	Current year Quota []						
	Quota used to date for current year						
	Amount of Quota remaining	ota					
7a. FOREIGN PORT OF EXPORTATION:		1	APPROX. DEPARTURE DATE:				
7b. DOMESTIC PORT OF IMPORTATION:			APPROX. ARRIVAL DATE:				
			D.				

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:

LIST TRANSFEREE(S) ON INITIAL SUBMISSION OF DECLARATION. USE AN SHEET IF MORE THAN 3 TRANFEREES.	OTHER	DEA TRANSACTION ID NUMBER:
10a. NAME OF TRANSFEREE OF IMPORT	10b. ADI	DRESS OF TRANSFEREE OF IMPORT
10c. DEA REGISTRATION NUMBER (If applicable):	10d. TEL	EPHONE NUMBER:
10e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. (<i>Enter names as</i> <i>shown on labels; numbers and sizes of packages; and strength.</i>)		ne & Quantity of Listed Chemical <u>Actually Imported and Date</u> red 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. <i>(Enter names as shown on labels; numbers and sizes of packages; and strength.)</i>	11f. Name & Quantity of Listed Chemical <u>Actually Imported and Date</u> <u>Transferred to this Transferee.</u>

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12a. NAME OF TRANSFEREE OF IMPORT	12b. ADDRESS OF TRANSFEREE OF IMPORT
12c. DEA REGISTRATION NUMBER (If applicable):	12d. TELEPHONE NUMBER:
12e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. <i>(Enter names as shown on labels; numbers and sizes of packages; and strength.)</i>	12f. Name & Quantity of Listed Chemical <u>Actually Imported and Date</u> <u>Transferred to this Transferee</u> .

12g. **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:

13. SIGNATURE OF IMPORTER (Print or Type Name below Signature)

Import Declaration for Ephedrine, Pseudoephedrine and Phenylpropanolamine

SEE INSTRUCTIONS FOR PRIVACY ACT				OMB Approval No. 1117-0023 Expiration Date: 1/31/2024			
1. Type of Submission: [] ORIGINAL [] AMENDED [] WITHDRAWA			WAL	IAL DEA TRANSACTION ID NUMBER:			
NOTICE! A 15-day advance notice is required for all U.S. imports of Ephedri			drine, Pseudoephedrine, and Phenylpropanolamine.				
2a. NAME OF IMPORTER			2b. ADI	DRESS OF IMP	ORTER		
2c. DEA REGISTRATION NUMBER:							
2d. TELEPHONE NO. OF IMPORTER	2e. E-MAIL ADDRESS	S OF IMPORT	IMPORTER 2f. PURCHASE/INVOICE NO. (optional)				
3a. NAME OF FOREIGN EXPORTER 3b. ADDF		3b. ADDRES	ADDRESS OF FOREIGN EXPORTER				
4a. NAME OF FOREIGN MANUFACTURER (If same as 3a, enter "Same as 3a") 4b		4b. ADDRES	SS OF FC	DREIGN MANUI	FACTUREF	2	
5a. NAME OF FOREIGN DISTRIBUTOR (If applicable) 5b.		5b. ADDRESS OF FOREIGN DISTRIBUTOR (If applicable)					
EPHEDRIN	IE, PSEUDOEPHEDRIN	NE, AND PHEI	NYLPRO	PANOLAMINE	TO BE IMP	ORTED	
6a. Name and Description of chemical appearing on label or container and DEA Chemical Code (see 21 CFR §1310.02).	6b. Import Quota	(express chemical	lumber of containers, size, net weigl express as base) in kilograms for ea hemical listed. For drug products, s umber of dosage units.		r each	each Actua	al Date of Import; Name of chemical imported and its al Net Weight (To be pleted by importer).
	Current year Quota []						
	Quota used to date for current year						
	Amount of Quota remaining	ota					
7a. FOREIGN PORT OF EXPORTATION:		1	APPROX. DEPARTURE DATE:				
7b. DOMESTIC PORT OF IMPORTATION:			APPROX. ARRIVAL DATE:				
8 MODE OF TRANSPORTATION and NAM			D.				

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).

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11e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. <i>(Enter names as shown on labels; numbers and sizes of packages; and strength.)</i>	11f. Name & Quantity of Listed Chemical <u>Actually Imported and Date</u> <u>Transferred to this Transferee.</u>

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