

# Import Declaration for Ephedrine, Pseudoephedrine and Phenylpropanolamine

<b>SEE INSTRUCTIONS FOR PRIVACY ACT</b>		OMB Approval No. 1117-0023	Expiration Date: 1/31/2024
1. Type of Submission: <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDED <input type="checkbox"/> WITHDRAWAL		DEA TRANSACTION ID NUMBER:	
<b>NOTICE!</b> 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 TRANSFEREES.

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.

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. *(Enter names as shown on labels; numbers and sizes of packages; and strength.)*

12f. Name & Quantity of Listed Chemical Actually Imported and Date Transferred to this Transferee.

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)

DATE:

# Import Declaration for Ephedrine, Pseudoephedrine and Phenylpropanolamine

<b>SEE INSTRUCTIONS FOR PRIVACY ACT</b>		OMB Approval No. 1117-0023	Expiration Date: 1/31/2024
1. Type of Submission: <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDED <input type="checkbox"/> WITHDRAWAL		DEA TRANSACTION ID NUMBER:	
<b>NOTICE!</b> 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 TRANSFEREES.

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.

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. *(Enter names as shown on labels; numbers and sizes of packages; and strength.)*

12f. Name & Quantity of Listed Chemical Actually Imported and Date Transferred to this Transferee.

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)

DATE:

# Import Declaration for Ephedrine, Pseudoephedrine and Phenylpropanolamine

<b>SEE INSTRUCTIONS FOR PRIVACY ACT</b>		OMB Approval No. 1117-0023	Expiration Date: 1/31/2024
1. Type of Submission: <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDED <input type="checkbox"/> WITHDRAWAL		DEA TRANSACTION ID NUMBER:	
<b>NOTICE!</b> 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 TRANSFEREES.

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.

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. *(Enter names as shown on labels; numbers and sizes of packages; and strength.)*

12f. Name & Quantity of Listed Chemical Actually Imported and Date Transferred to this Transferee.

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)

DATE: