SEE REVERSE INSTRUCTIONS FOR PRIVAC				OMB Approval No. 1117-0023	
1a. Type of Transaction: [] IMPORT [] EXPO	ORT []INTERNATIONAL	1b. Ty	pe of Submission: [] ORIGINAL	[] AMENDED [] WITHDRAWAL	
or regular customer status.	red for initial shipment or for co See 21 C.F.R. Part 1313 for fu conditions for the waiver of 15-				
2a. U.S. IMPORTER/ U.S. EXPORTER / U.S. BROKER (Name, address, telephone, and fax no.)		2t	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	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.F.R. 1310.02		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 FOREIGN LI DO	MESTIC		4b [] EOPEIGN	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 CARE	RIER:			
SIGNATURE OF AUTHORIZED INDIVIDUAL (F Signature) Print Name:	Print or Type Name below	DAT	E:		

6. RETURN DECLARATION FOR EXPORTS AND INTERNATIONAL TRANSAC Transferee or resulting from International Transaction. MUST be returned within 3	
SIGNATURE:	DATE:
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 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 <u>Actually Imported and Date Imported for this Transferee</u> .
9e. RETURN DECLARATION (Name & Quantity of List I and List II Chemical Distimport (9d) If amount not completely distributed, send a Return Declaration 30 daimport 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 [] EXPO	pe of Submission: [] ORIGINA	L []	AMENDED [] WITHDRAWAL			
1c. WARNING! 15-day advance notice required for initial shipment or for compar or regular customer status. See 21 C.F.R. Part 1313 for further [] I certify I have met the conditions for the waiver of 15-day advance			details.			
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	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	.F.R.	3c. Number of containers, size net weight of each chemic (kg). For drug products, show number of dosage units. Show net total weig per chemical.	al	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."	
	MESTIC		4b LL FODEION		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 \	/ESSEL, OR NAME OF CARF	RIER:				
SIGNATURE OF AUTHORIZED INDIVIDUAL (P Signature)	rint or Type Name below	DAT	E:			
Print Name:			<u></u>			

6. RETURN DECLARATION FOR EXPORTS AND INTERNATIONAL TRANSAC Transferee or resulting from International Transaction. MUST be returned within 3	
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For IMPORTS: List TRANSFEREE(S) UPON INITIAL APPLICATION (Names, a IF MORE THAN 3 TRANFEREES. For INTERNATIONAL TRANSACTIONS: Sh	
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SIGNATURE:	DATE:
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8e. RETURN DECLARATION (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: 9a. NAME OF TRANSFEREE OF IMPORT	DATE: 9b. ADDRESS OF TRANSFEREE OF IMPORT
9a. NAME OF TRANSFEREE OF IMPORT	90. 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 Dist import (9d) If amount not completely distributed, send a Return Declaration 30 daimport distributed" and the date.	Litibuted to the Transferee. MUST be returned within 30 days of date of actual ays from the next distribution.). If the whole order was distributed, may say "all
SIGNATURE:	DATE:

SEE REVERS	E INSTRUCTIONS FOR PRIV	ACY A	СТ	OMB Approval No. 1117-0023		
1a. Type of Transaction: [] IMPORT [] EXPO	PRT []INTERNATIONAL	1b. Ty	rpe of Submission: [] ORIGINAL	[] AMENDED [] WITHDRAWAL		
or regular customer status. S	ed for initial shipment or for co See 21 C.F.R. Part 1313 for ful anditions for the waiver of 15-c					
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	Foreign 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. [] FOREIGN [] DO	MESTIC		4b. [] FOREIGN	[]DOMESTIC		
4a. [] FOREIGN [] DOMESTIC PORT OF EXPORTATION:			PORT OF IMPORTATION:			
APPROX. DEPARTURE DATE:			APPROX. ARRIVAL DATE:			
5. MODE OF TRANSPORTATION, NAME OF V	ESSEL, OR NAME OF CARR	IER:	1			
SIGNATURE OF AUTHORIZED INDIVIDUAL (P Signature) Print Name:	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 3	
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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 Dist 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 <u>Actually Imported and Date Imported for this Transferee.</u>
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SIGNATURE: 9a. NAME OF TRANSFEREE OF IMPORT	DATE: 9b. ADDRESS OF TRANSFEREE OF IMPORT
9a. NAME OF TRANSFEREE OF IMPORT	90. ADDRESS OF TRANSFEREE OF IMPORT
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SIGNATURE:	DATE:

SEE REVERS	E INSTRUCTIONS FOR PRIV	/ACY A	СТ		OMB Approval No. 1117-0023
1a. Type of Transaction: [] IMPORT [] EXPO	ORT []INTERNATIONAL	1b. Ty	pe of Submission: [] ORIGINAL	[]	AMENDED [] WITHDRAWAL
1c. WARNING! 15-day advance notice require or regular customer status. \$\ [] I certify I have met the co					
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.		Foi	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.		d. 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 [] 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 V	/ESSEL, OR NAME OF CARR	RIER:			
SIGNATURE OF AUTHORIZED INDIVIDUAL (P Signature) Print Name:	rint or Type Name below	DATI	E:		

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7e. RETURN DECLARATION (Name & Quantity of List I and List II Chemical Disimport (7d) If amount not completely distributed, send a Return Declaration 30 daimport distributed" and the date.	
	2.75
SIGNATURE:	DATE: 8b. ADDRESS OF TRANSFEREE OF IMPORT
8a. NAME OF TRANSFEREE OF IMPORT	80. 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: