

Import / Export Declaration for List I and List II Chemicals

SEE REVERSE INSTRUCTIONS FOR PRIVACY ACT

OMB Approval No. 1117-0023

1a. Type of Transaction: IMPORT EXPORT INTERNATIONAL 1b. 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.

DEA Transaction Number

2a. U.S. IMPORTER/ U.S. EXPORTER / U.S. BROKER
 (Name, address, telephone, and fax no.)

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. _____ Foreign permit no. (if applicable) _____

3. Listed Chemicals to be Imported / 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. FOREIGN DOMESTIC 4b. FOREIGN DOMESTIC

PORT OF EXPORTATION: _____ PORT OF IMPORTATION: _____

APPROX. DEPARTURE DATE: _____ APPROX. ARRIVAL DATE: _____

5. MODE OF TRANSPORTATION, NAME OF VESSEL, OR NAME OF CARRIER: _____

SIGNATURE OF AUTHORIZED INDIVIDUAL (Print or Type Name below Signature) _____ DATE: _____

Print Name: _____

6. RETURN DECLARATION FOR EXPORTS AND INTERNATIONAL TRANSACTIONS (Name & Quantity of List I and List II Chemicals exported to the Transferee or resulting from International Transaction. MUST be returned within 30 days from actual date of export (3d).

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 TRANSFEREES. **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 Actually Imported and Date Imported for this Transferee

7e. 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 (7d) 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.

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4b. FOREIGN DOMESTIC

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APPROX. ARRIVAL DATE: _____

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