

<i>SEE INSTRUCTIONS ON SEPARATE PAGE</i>	No procurement quota may be issued unless a completed application form has been received, 21 CFR 1303.12(b)		<b>OMB Approval No. 1117-0008</b>
1. NAME OF BASIC CLASS OR LIST I CHEMICAL (Only one per DEA-250)		2. SCHEDULE / LIST NUMBER	3. DEA DRUG / CHEMICAL CODE NUMBER
4. NAME AND ADDRESS OF REGISTRANT (Include No., Street, City, State and ZIP Code)		5. YEAR FOR WHICH QUOTA IS REQUESTED	
		6. DEA MANUFACTURING REGISTRATION NUMBER	
7. NAME OF CONTACT PERSON	8. TELEPHONE No. (Include extension)	9. FAX No.	10. E-MAIL ADDRESS

**NOTE: All quantities are to be expressed in grams of anhydrous acid, base, or alkaloid (not as salts).**

11. QUOTA HISTORY	QUOTAS PREVIOUSLY ISSUED BY DEA			QUOTA REQUESTED ( ) grams
	2 <sup>ND</sup> PRECEDING YEAR ( ) grams	1 <sup>ST</sup> PRECEDING YEAR ( ) grams	CURRENT YEAR ( ) grams	
	12. PRODUCTION DATA			
	2 <sup>ND</sup> PRECEDING YEAR	1 <sup>ST</sup> PRECEDING YEAR	ESTIMATE FOR CURRENT YEAR	ESTIMATE FOR YEAR FOR WHICH QUOTA IS REQUESTED
I. INVENTORY AS OF DEC. 31				
a. Bulk Controlled Substance or List I Chemical . . . . .				
b. In-process material . . . . .				
c. Contained in FINISHED Dosage Forms				
TOTAL (a + b + c) . . . . .				
II. DISPOSITION (SALE) / UTILIZATION				
a. Domestic . . . . .				
b. Exports . . . . .				
TOTAL (a + b) . . . . .				
III. ACQUISITION / PRODUCTION				
a. Domestic Sources . . . . .				
b. Importation . . . . .				
TOTAL (a + b) . . . . .				

13. IF THE PURPOSE IS TO MANUFACTURE ANOTHER SUBSTANCE(S), FURNISH THE FOLLOWING INFORMATION:

NAME OF NEW SUBSTANCE	DEA CHEMICAL CODE NUMBER	AMOUNT USED FOR THIS PURPOSE			% YIELD (Historical)
		2 <sup>ND</sup> PRECEDING YEAR	1 <sup>ST</sup> PRECEDING YEAR	CURRENT YEAR	

14. IF THE PURPOSE IS TO MANUFACTURE THE BASIC CLASS OR LIST I CHEMICAL INTO DOSAGE FORMS, FURNISH THE FOLLOWING INFORMATION:

NAME OF DOSAGE FORM (include product form, i.e., tablets, patches, etc. and strengths)	AUTHORITY TO MARKET THIS PRODUCT	SCHEDULE / LIST	AMOUNT USED FOR THIS PURPOSE		ESTIMATE FOR CURRENT YEAR	ESTIMATE FOR YEAR QUOTA IS REQUESTED
			2 <sup>ND</sup> PRECEDING YEAR	1 <sup>ST</sup> PRECEDING YEAR		

SIGNATURE OF APPLICANT	PRINT or TYPE NAME and TITLE of SIGNER	DATE
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