

ODS Imports for Destruction CDX Reporting Form

Paperwork Reduction Act:

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Petition to Import for Destruction: ▶ DPETI_XXXX_05901

Step 1	Step 2	Step 3	Step 4	Step 5
Importer Information	Destruction Information	Shipment Information	Import Summary	Uploads

Importer and Exporter Information

Please enter all required information below. Fields with red asterisk are required. The 'Company Name' has been pre-populated from your CDX profile and cannot be edited. Click the 'Copy From CDX' link to populate the fields with your CDX profile information.

Importer Information

[Copy From CDX](#)

<ul style="list-style-type: none"> * Company Name <input type="text" value="ICF INTERNATIONAL"/> * Contact First Name <input type="text"/> * Contact Last Name <input type="text"/> * Email <input type="text"/> * Phone <input type="text"/> * Street Address 1 <input type="text"/> Street Address 2 <input type="text"/> * City <input type="text"/> * State <input type="text"/> * Country <input type="text"/> Postal Code <input type="text"/> 	<ul style="list-style-type: none"> * Importer Number <input type="text"/> * Source Country <input type="text"/> * Vessel Name <input type="text"/> * Expected Year of Import <input type="text"/> Expected Month of Import <input type="text"/> * Intended Port Of Entry <input type="text" value="Select an Option"/>
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Destruction Information

Identify the facility that will receive and destroy the controlled substance(s).

Destruction Facility

Row	Company Name	Contact Name	Phone	Email	Address 1	Address 2	City	Country	Postal Code	Action
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ x

Will the ODS be aggregated by another party before it is sent to the destruction facility? Yes No

U.S. Aggregators

Row	Company Name	Contact Name	Phone	Email	Address 1	Address 2	City	State	Country	Zip Code	Action
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	United States	<input type="text"/>	+ x

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Shipment Information

Enter the chemical, quantity, and shipment importer number for each controlled substance to be imported in the table below.

Row	Chemical	Quantity of Chemical Recovered (kg)	Shipment Importer Number	Action
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	+ x

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Import Summary

Review the information below for accuracy. The total quantity must be less than or equal to the export license amount.

Row	Chemical	Commodity Code	Total Quantity (kg)	Export License Amount (kg)	Quantity Not Listed on Export License
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* Please provide an Exporter license/application for license.

Row	Document Name	Size (bytes)	Action
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Uploads

Upload a copy of the destruction verification and any additional documents/resources, as needed. Please indicate the type of document/resource uploaded via the 'Document Description' field if you specify the document type as 'Other'.

Row	Document Name	Document Type	Document Description	Action
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