

**Import Declaration for Ephedrine, Pseudoephedrine, and Phenylpropanolamine**OMB Approval No. 1117-0023  
Expiration Date: 11/30/2019

(read instructions and Privacy Act before completing)

**For Importers Only:** Complete "a" and "b" for each Transferee upon the initial declaration. Complete "c" after each distribution to each Transferee until the Ephedrine, Pseudoephedrine, or Phenylpropanolamine is completely distributed. Use a separate sheet if more than 3 Transferees.

6a. Transferee (U.S. company name, address, and telephone number)

6b. Name and net weight of Ephedrine, Pseudoephedrine, or Phenylpropanolamine in KG or parts thereof to be Imported for this transferee.

DEA Registration No.:

6c. Return Information: Net weight and actual date the Ephedrine, Pseudoephedrine, or Phenylpropanolamine is distributed to Transferee. If the Ephedrine, Pseudoephedrine, or Phenylpropanolamine is not completely distributed, submit Return Information within 30 days of each subsequent distribution.

7a. Transferee (U.S. company name, address, and telephone number)

7b. Name and net weight of Ephedrine, Pseudoephedrine, or Phenylpropanolamine in KG or parts thereof to be Imported for this transferee.

DEA Registration No.:

7c. Return Information: Net weight and actual date the Ephedrine, Pseudoephedrine, or Phenylpropanolamine is distributed to Transferee. If the Ephedrine, Pseudoephedrine, or Phenylpropanolamine is not completely distributed, submit Return Information within 30 days of each subsequent distribution.

8a. Transferee (U.S. company name, address, and telephone number)

8b. Name and net weight of Ephedrine, Pseudoephedrine, or Phenylpropanolamine in KG or parts thereof to be Imported for this transferee.

DEA Registration No.:

8c. Return Information: Net weight and actual date the Ephedrine, Pseudoephedrine, or Phenylpropanolamine is distributed to Transferee. If the Ephedrine, Pseudoephedrine, or Phenylpropanolamine is not completely distributed, submit Return Information within 30 days of each subsequent distribution.

Signature of Authorized Individual of Importer/Exporter, Broker, or Forwarding Agent

Name of Firm and contact information of person submitting Return Information

Print Name:

Date:

DEA Transaction No.: