

Petition to Import for Transformation or

Importer 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

* Company Name	<input type="text"/>	* Importer Number	<input type="text"/>
* Contact First Name	<input type="text"/>	* Source Country	<input type="text"/>
* Contact Last Name	<input type="text"/>	* Vessel Name	<input type="text"/>
* Email	<input type="text"/>	* Expected Year of Import	<input type="text"/>
* Phone	<input type="text"/>	Expected Month of Import	<input type="text"/>
* Street Address 1	<input type="text"/>	* Intended Port Of Entry	<input type="text"/>
Street Address 2	<input type="text"/>	* Intended Use	<input type="text"/>
* City	<input type="text"/>		
* State	<input type="text"/>		
* Country	<input type="text"/>		
Postal Code	<input type="text"/>		

Consignee Information

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

Petition to Import for Transformation or

Transformation/ Information

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

Transformation/Destruction Facility

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

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"/>	<input type="button" value="+"/> <input type="button" value="x"/>

Next Page: Import Summary

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

Import Summary

Review the information below for accuracy.

Row	Chemical	Commodity Code	Total Quantity (kg)	

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

Optional Uploads

Upload 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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