

APPLICATION FOR INDIVIDUAL MANUFACTURING QUOTA

<i>SEE INSTRUCTIONS ON SEPARATE PAGE</i>	No individual manufacturing quota may be issued unless a completed application form has been received, 21 CFR 1303.22		OMB Approval No. 1117-0006
1. NAME OF BASIC CLASS OR LIST I CHEMICAL (Only one per DEA-189)	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 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 nd PRECEDING YEAR () _____grams	1 st PRECEDING YEAR () _____grams	CURRENT YEAR () _____grams	
	12. PRODUCTION DATA			
I. INVENTORY AS OF DEC. 31	2 ND PRECEDING YEAR	1 ST PRECEDING YEAR	ESTIMATE FOR CURRENT YEAR	ESTIMATE FOR YEAR FOR WHICH QUOTA IS REQUESTED
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	AUTHORITY TO MARKET THIS PRODUCT	DEA CHEMICAL CODE NUMBER	AMOUNT USED FOR THIS PURPOSE			% YIELD (Historical)
			2 ND PRECEDING YEAR	1 ST PRECEDING YEAR	CURRENT YEAR	

14. REMARKS

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