

<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
4. NAME AND ADDRESS OF REGISTRANT (Include No., Street, City, State and ZIP Code)		3. DEA DRUG / CHEMICAL CODE NUMBER
		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 ( )	1 <sup>ST</sup> PRECEDING YEAR ( )	CURRENT YEAR ( )	
	_____grams	_____grams	_____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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