## **APPLICATION FOR PROCUREMENT QUOTA**

**U.S. Department of Justice**Drug Enforcement Administration

SEE INSTRUCTIONS SEPARATE PAGE		No procurement quota may be issued unless a completed application form has been received, 21 CFR 1303.12(b)						OMB Approval No. 1117-0008		
1. NAME OF BASIC CL	IST I CH	EMICAL (Only	ne per DEA-250)  2. SCHEDULE / LI NUMBER		IST	3. DEA DRUG / CHEMICAL CODE NUMBER				
4. NAME AND ADDRES	ISTRAN	IT (Include No.,	Street, City, State and ZIP Code)			5. YEAR FOR WHICH QUOTA IS REQUESTED				
							6. DEA MANUFACTURING REGISTRATION NUMBER			
7. NAME OF CONTACT PERSON 8. TELE			EPHONE No. (Include extension) 9. FAX No.		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 HISTOR	<b>v</b>			QUOTAS PREVIOUSLY ISSUED						
TI. QUUTATIISTUKT			2 <sup>nd</sup> PRECEDING YEAR 1 <sup>st</sup> PRECED		ECEDING YEAR CURREN		RRENT YEAR	QUOTA REQUESTED		
			( )	( )		( )		( )		
			,	\	,	,	,	,		
			grams		grams	grams		grams		
12. PRODUCTION DATA				2 <sup>ND</sup> PRECEDING YEAR	1 <sup>ST</sup> PI	PRECEDING YEAR FOR		ESTIMATE CURRENT YEAR	ESTIMATE FOR YEAR FOR WHICH QUOTA IS REQUESTED	
I. INVENTORY AS OF DEC. 31								_		
a. Bulk Controlled Sub	stance or Li	ist I Che	mical							
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:										
DEA				AMOUNT USED FOR THIS PURPO						
NAME OF NEW SUBSTANCE		CHEMICAL CODE NUMBER	2 <sup>ND</sup> PRECEDING YEAR	1 <sup>ST</sup> PF	RECEDING YEAR	CURRENT YEAR		% YIELD (Historical)		
14. IF THE PURPOSE IS TO MANUFACTURE THE BASIC CLASS OR LIST I CHEMCIAL INTO DOSAGE FORMS, FURNISH THE FOLOWING INFORMATION:										
NAME OF DOSAGE	AUTHOR		SCHEDULE /	AMOUNT USED FOR THIS PURPOSE						
FORM (include product form, i.e., tablets, patches, etc. and strengths)	TO MARKET THIS PRODUCT		LIST	2 <sup>ND</sup> PRECEDING YEAR	1 <sup>ST</sup> PRECEDING YEAR			TIMATE FOR	ESTIMATE FOR YEAR	
							CUF	RRENT YEAR	QUOTA IS REQUESTED	
-										
SIGNATURE OF APPLICANT				PRINT or TYPE NAMI	PRINT or TYPE NAME and TITLE of SIGNER				DATE	