

**APPLICATION FOR IMPORT QUOTA FOR EPHEDRINE, PSEUDOEPHEDRINE, AND PHENYLPROPANOLAMINE  
PART 12(II)(a) – DOMESTIC DISPOSITION (SALE) / UTILIZATION**

Name of Company or Manufacturer		Address	
Contact Person	Telephone	FAX	DEA Registration No. (if applicable)
E-Mail:			
Quantity to be sold (grams) as anhydrous base Please provide documentation (purchase orders, supply agreements, etc.).	<b>Intended Use</b> (Choose the appropriate letter and place on corresponding line.) <b>(A) Sale / product launch (B) Product development / research (C) Other (explain)</b>		

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**If you need additional pages, please copy this one and complete.**