Drug Enforcement Administration

Import / Export Declaration for List I and List II Chemicals

SUPPLEMENTAL SHEET – USE FOR ADDITIONAL T	RANSFEREE(S)	OMB Approval No. 1117-0023	
For IMPORTS: List TRANSFEREE(S) UPON INITIAL APPLICATION (Names, address, telephone, and fax no.) Fill in 7 through 9. USE SEPARATE SHEET IF MORE THAN 3 TRANFEREES.			
7a. NAME OF TRANSFEREE OF IMPORT	7b. ADDRESS OF TRANSFEREE OF IM	PORT	
7c. Name & Quantity of List I and List II chemical to be Imported for this transferee. (Enter names as shown on labels; numbers and sizes of packages; and strength.)	7d. Name & Quantity of List I and List II Chemical Actually Imported and Date Imported for this Transferee		
7e. RETURN DECLARATION (Name & Quantity of List I and List II Chemical Distributed to the Transferee. MUST be returned within 30 days of date of actual import (7d) If amount not completely distributed, send a Return Declaration 30 days from the next distribution.). If the whole order was distributed, may say "all import distributed" and the date.			
SIGNATURE: 8a. NAME OF TRANSFEREE OF IMPORT	DATE: 8b. ADDRESS OF TRANSFEREE OF IMI	DORT	
oa. NAME OF TRANSPERCE OF IMPORT	OD. ADDRESS OF TRANSFEREE OF IIVII	FORT	
8c. Name & Quantity of List I and List II chemical to be Imported for this transferee. (Enter names as shown on labels; numbers and sizes of packages; and strength.)	8d. Name & Quantity of List I and List II C Date Imported for this Transferee.	hemical <u>Actually Imported and</u>	
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CONTURE	DATE		
SIGNATURE: 9a. NAME OF TRANSFEREE OF IMPORT	DATE: 9b. ADDRESS OF TRANSFEREE OF IM	PORT	
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