U.S. Department of Justice

## Import Declaration for Ephedrine, Pseudoephedrine and Phenylpropanolamine

Drug Enforcement Administration

SEE INSTRUCTIONS FOR PRIVACY ACT			OMB Approv	/al No. 1117-00	023	Expiration Date: 11/30/2012	
Type of Submission: [ ] ORIGINAL [ ] AMENDED [ ] WITHDRAWAL			WAL	DEA TRANSACTION ID NUMBER:			
NOTICE! A 15-day advance notice		_		ı seudoephedrine	e, and Phenylpro	opanola	amine.
2a. NAME OF IMPORTER		2b. AD	DRESS OF IMF	PORTER			
2c. DEA REGISTRATION NUMBER:							
2d. TELEPHONE NO. OF IMPORTER	2e. E-MAIL ADDRESS	OF IMPORT	ER		2f. PURCHAS	SE/INV	OICE NO. (optional)
3a. NAME OF FOREIGN EXPORTER		3b. ADDRESS OF FOREIGN EXPORTER					
4a. NAME OF FOREIGN MANUFACTURER (If same as 3a, enter "Same as 3a")		4b. ADDRESS OF FOREIGN MANUFACTURER					
5a. NAME OF FOREIGN DISTRIBUTOR (If	5b. ADDRESS OF FOREIGN DISTRIBUTOR (If applicable)						
EPHEDRII	NE, PSEUDOEPHEDRIN	NE, AND PHE	NYLPRO	PANOLAMINE	TO BE IMPOR	RTED	
6a. Name and Description of chemical appearing on label or container and DEA Chemical Code (see 21 CFR §1310.02).	6b. Import Quota	(express chemica	as base	ners, size, net v ) in kilograms fo For drug produc e units.	or each	each Actua	al Date of Import; Name of chemical imported and its al Net Weight (To be eleted by importer).
	Current year Quota						
	Quota used to date for current year						
	Amount of Quota remaining						
7a. FOREIGN PORT OF EXPORTATION:				APPROX. DEPARTURE DATE:			
7b. DOMESTIC PORT OF IMPORTATION:			APPROX. ARRIVAL DATE:				
8. MODE OF TRANSPORTATION and NAME OF VESSEL or NAME OF CARRIER:							
9. RETURN DECLARATION FOR IMPORT	ER. MUST be returned	within 30 days	from act	ual date of impo	ort (6d).		
SIGNATURE:						DATE	≣:

LIST TRANSFEREE(S) ON INITIAL SUBMISSION OF DECLARATION. USE AN SHEET IF MORE THAN 3 TRANFEREES.	OTHER	DEA TRANSACTION ID NUM	MBER:
10a. NAME OF TRANSFEREE OF IMPORT	10b. ADI	DRESS OF TRANSFEREE OF	IMPORT
10c. DEA REGISTRATION NUMBER (If applicable):	10d. TEL	EPHONE NUMBER:	
10e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. (Enter names as shown on labels; numbers and sizes of packages; and strength.)		e & Quantity of Listed Chemic ed to this Transferee	al <u>Actually Imported and Date</u>
10g. <b>RETURN DECLARATION</b> (Actual Name & Quantity of Ephedrine, Pseudoep returned within 30 days from actual date of import (6d). If amount not completely the whole order was distributed, may say "all import distributed" and the date.	ohedrine, a distributed	nd Phenylpropanolamine Distr , send a Return Declaration 30	ibuted to the Transferee. MUST be days from the next distribution. If
SIGNATURE:	·	DATE:	
11a. NAME OF TRANSFEREE OF IMPORT	11b. ADE	RESS OF TRANSFEREE OF	IMPORT
11c. DEA REGISTRATION NUMBER (If applicable):	11d. TEL	EPHONE NUMBER:	
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SIGNATURE:		DATE:	
12a. NAME OF TRANSFEREE OF IMPORT	12b. ADL	DRESS OF TRANSFEREE OF	IMPORT
12c. DEA REGISTRATION NUMBER (If applicable):	12d. TEL	EPHONE NUMBER:	
12e. Name & Quantity of Ephedrine, Pseudoephedrine, and		e & Quantity of Listed Chemic	al Actually Imported and Date
Phenylpropanolamine to be Imported for this Transferee. (Enter names as shown on labels; numbers and sizes of packages; and strength.)	<u>I ransferr</u>	ed to this Transferee.	
12g. <b>RETURN DECLARATION</b> (Actual Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine Distributed to the Transferee. MUST be returned within 30 days from actual date of import (6d). 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:		DATE:	
13. <b>SIGNATURE OF IMPORTER</b> (Print or Type Name below Signature)			
			DATE:

U.S. Department of Justice

## Import Declaration for Ephedrine, Pseudoephedrine and Phenylpropanolamine

Drug Enforcement Administration

1. Type of Submission: [ ] ORIGINAL [ ] AMENDED [ ] WITHDRAWAL DEA TRANSACTION ID NUMBER:  NOTICE! A 15-day advance notice is required for all U.S. imports of Ephedrine, Pseudoephedrine, and Phenylpropanolamine.  2a. NAME OF IMPORTER 2b. ADDRESS OF IMPORTER  2c. DEA REGISTRATION NUMBER:  2d. TELEPHONE NO. OF IMPORTER 2e. E-MAIL ADDRESS OF IMPORTER 2f. PURCHASE/INVOICE NO. (optional)  3a. NAME OF FOREIGN EXPORTER  3b. ADDRESS OF FOREIGN EXPORTER					
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3a. NAME OF FOREIGN EXPORTER  3b. ADDRESS OF FOREIGN EXPORTER					
4a. NAME OF FOREIGN MANUFACTURER (If same as 3a, enter "Same as 3a")  4b. ADDRESS OF FOREIGN MANUFACTURER					
5a. NAME OF FOREIGN DISTRIBUTOR (If applicable)  5b. ADDRESS OF FOREIGN DISTRIBUTOR (If applicable)					
EPHEDRINE, PSEUDOEPHEDRINE, AND PHENYLPROPANOLAMINE TO BE IMPORTED					
6a. Name and Description of chemical appearing on label or container and DEA Chemical Code (see 21 CFR  Standard OO)  6b. Import Quota  6c. Number of containers, size, net weight (express as base) in kilograms for each chemical listed. For drug products, show  6d. Actual Date of Import; Name of each chemical imported and its Actual Net Weight (To be					
§1310.02). number of dosage units. completed by importer).  Current year Quota					
Quota used to date					
for current year					
Amount of Quota remaining					
7a. FOREIGN PORT OF EXPORTATION:  APPROX. DEPARTURE DATE:					
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10c. DEA REGISTRATION NUMBER (If applicable):	10d. TEL	EPHONE NUMBER:			
10e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. (Enter names as		10f. Name & Quantity of Listed Chemical <u>Actually Imported and Date</u> Transferred to this Transferee			
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10g. RETURN DECLARATION (Actual Name & Quantity of Ephedrine, Pseudoe	hedrine a	nd Phenylpropanolamine Distr	ibuted to the Transferee MUST be		
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