U.S. Department of Justice

## Import Declaration for Ephedrine, Pseudoephedrine and Phenylpropanolamine

Drug Enforcement Administration

SEE INSTRUCTIONS FOR PRIVACY ACT			OMB Approval No. 111	17-0023	Expiration Date: 2/28/2027		
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. ADI	DRESS OF IMPORTER				
O DEA DEGICEDATION AND MED							
2c. DEA REGISTRATION NUMBER:	T			T			
2d. TELEPHONE NO. OF IMPORTER	2e. E-MAIL ADDRESS	SS OF IMPORTER 2f. PURCHASE/INVOICE NO. (optional)					
3a. NAME OF FOREIGN EXPORTER		3b. ADDRE	SS OF FO	DREIGN EXPORTER			
4a. NAME OF FOREIGN MANUFACTURES	R (If same as 3a, enter	4b. ADDRE	SS OF FO	DREIGN MANUFACTURE	R		
"Same as 3a")							
5a. NAME OF FOREIGN DISTRIBUTOR (If	applicable)	5b. ADDRE	SS OF FO	DREIGN DISTRIBUTOR (I	f applicab	le)	
EPHEDRII	NE, PSEUDOEPHEDRIN	I NE, AND PHE	NYLPRO	PANOLAMINE TO BE IMI	PORTED		
6a. Name and Description of chemical	6b. Import Quota			ners, size, net weight	6d. Actu	ual Date of Import; Name of	
appearing on label or container and DEA Chemical Code (see 21 CFR		(express as base) in kilograms for each chemical imported and its chemical listed. For drug products, show number of dosage units.  each chemical imported and its Actual Net Weight (To be completed by importer).					
§1310.02).	Current year Quota	number	of dosage	units.	com	pleted by importer).	
	[ ]						
	Overte would be dete	<u> </u> -					
	Quota used to date for current year						
	Amount of Quota remaining						
	remaining						
7a. FOREIGN PORT OF EXPORTATION: APPROX. DEPART					I ARTURE I	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 import (6d).			
				5.47	re.		
SIGNATURE:					DAT	IE:	

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.)	10f. Name & Quantity of Listed Chemical <u>Actually Imported and Date</u> <u>Transferred to this Transferee</u>				
snown on labels, numbers and sizes of packages, and strength.)					
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.	phedrine, a distributed	nd Phenylpropanolamine Distr , send a Return Declaration 30	ibuted to the Transferee. MUST be days from the next distribution. If		
SIGNATURE:	T	DATE:			
11a. NAME OF TRANSFEREE OF IMPORT	11b. ADI	RESS OF TRANSFEREE OF	IMPORT		
11c. DEA REGISTRATION NUMBER (If applicable):	11d. TEL	EPHONE NUMBER:			
11e. 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>		
11g. <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:	T	DATE:			
12a. NAME OF TRANSFEREE OF IMPORT	12b. ADI	RESS OF TRANSFEREE OF	IMPORT		
12c. DEA REGISTRATION NUMBER (If applicable):	12d. TEL	EPHONE NUMBER:			
12e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. (Enter names as		e & Quantity of Listed Chemic ed to this Transferee.	al <u>Actually Imported and Date</u>		
shown on labels; numbers and sizes of packages; and strength.)					
12g. <b>RETURN DECLARATION</b> (Actual Name & Quantity of Ephedrine, Pseudoep	hedrine a	nd Phenylpropanolamine Distr	ibuted to the Transferee MUST be		
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.					
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

SEE INSTRUCTIONS FOR PRIVACY ACT			OMB Approval No. 1117-0023 Expiration Date: 2/28/2027				
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. 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. ADDRE	4b. ADDRESS OF FOREIGN MANUFACTURER				
5a. NAME OF FOREIGN DISTRIBUTOR (If applicable)		5b. ADDRESS OF FOREIGN DISTRIBUTOR (If applicable)					
EPHEDRIN	NE, PSEUDOEPHEDRIN	NE, AND PHE	NYLPRO	PANOLAMINE	TO BE IMPOR	TED	
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	Il Date of Import; Name of chemical imported and its Il Net Weight (To be leted 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	E:

LIST TRANSFEREE(S) ON INITIAL SUBMISSION OF DECLARATION. USE AN SHEET IF MORE THAN 3 TRANFEREES.	IOTHER	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		e & Quantity of Listed Chemica ed to this Transferee	al Actually Imported and Date
shown on labels; numbers and sizes of packages; and strength.)			
10g. RETURN DECLARATION (Actual Name & Quantity of Ephedrine, Pseudoe	hedrine a	nd Phenylpropanolamine Distr	ibuted to the Transferee MUST be
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.			
SIGNATURE:	1	DATE:	
11a. NAME OF TRANSFEREE OF IMPORT	11b. ADL	DRESS OF TRANSFEREE OF	IMPORT
11c. DEA REGISTRATION NUMBER (If applicable):	11d. TEL	EPHONE NUMBER:	
11e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. (Enter names as	11f. Nam Transferr	e & Quantity of Listed Chemica ed to this Transferee.	al Actually Imported and Date
shown on labels; numbers and sizes of packages; and strength.)			
11g. <b>RETURN DECLARATION</b> (Actual Name & Quantity of Ephedrine, Pseudoe	hedrine. a	nd Phenylpropanolamine Distri	ibuted to the Transferee. MUST be
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.			
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12a. NAME OF TRANSFEREE OF IMPORT	12b. ADI	DRESS OF TRANSFEREE OF	IMPORT
12c. DEA REGISTRATION NUMBER (If applicable):	12d. TEL	EPHONE NUMBER:	
12e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. (Enter names as		e & Quantity of Listed Chemica ed to this Transferee.	al Actually Imported and Date
shown on labels; numbers and sizes of packages; and strength.)	1	<del>ou to ano mandro co</del> .	
40 DETUDURED IN ATION (1. 1. 1. 1. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		181	
12g. <b>RETURN DECLARATION</b> (Actual Name & Quantity of Ephedrine, Pseudoe, 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.			
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

SEE INSTRUCTIONS FOR PRIVACY ACT			OMB Approval No. 1117-0023 Expiration Date: 2/28/2027				
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. 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. ADDRE	4b. ADDRESS OF FOREIGN MANUFACTURER				
5a. NAME OF FOREIGN DISTRIBUTOR (If applicable)		5b. ADDRESS OF FOREIGN DISTRIBUTOR (If applicable)					
EPHEDRIN	NE, PSEUDOEPHEDRIN	NE, AND PHE	NYLPRO	PANOLAMINE	TO BE IMPOR	TED	
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	Il Date of Import; Name of chemical imported and its Il Net Weight (To be leted 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	E:

LIST TRANSFEREE(S) ON INITIAL SUBMISSION OF DECLARATION. USE AN SHEET IF MORE THAN 3 TRANFEREES.	IOTHER	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		e & Quantity of Listed Chemica ed to this Transferee	al Actually Imported and Date
shown on labels; numbers and sizes of packages; and strength.)			
10g. RETURN DECLARATION (Actual Name & Quantity of Ephedrine, Pseudoe	hedrine a	nd Phenylpropanolamine Distr	ibuted to the Transferee MUST be
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SIGNATURE:	1	DATE:	
11a. NAME OF TRANSFEREE OF IMPORT	11b. ADL	DRESS OF TRANSFEREE OF	IMPORT
11c. DEA REGISTRATION NUMBER (If applicable):	11d. TEL	EPHONE NUMBER:	
11e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. (Enter names as	11f. Nam Transferr	e & Quantity of Listed Chemica ed to this Transferee.	al Actually Imported and Date
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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.			
SIGNATURE:		DATE:	
12a. NAME OF TRANSFEREE OF IMPORT	12b. ADI	DRESS OF TRANSFEREE OF	IMPORT
12c. DEA REGISTRATION NUMBER (If applicable):	12d. TEL	EPHONE NUMBER:	
12e. Name & Quantity of Ephedrine, Pseudoephedrine, and Phenylpropanolamine to be Imported for this Transferee. (Enter names as		e & Quantity of Listed Chemica ed to this Transferee.	al Actually Imported and Date
shown on labels; numbers and sizes of packages; and strength.)	1	<del>ou to ano mandro co</del> .	
40 DETUDURED IN ATION (1. 1. 1. 1. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		181	
12g. <b>RETURN DECLARATION</b> (Actual Name & Quantity of Ephedrine, Pseudoe, 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.			
SIGNATURE:		DATE:	
13. <b>SIGNATURE OF IMPORTER</b> (Print or Type Name below Signature)			
			DATE: