

CONTROLLED SUBSTANCES IMPORT / EXPORT DECLARATION

(Read Instructions on reverse before completing)

OMB APPROVAL
No. 1117 - 0009

See reverse for Privacy Act

1. CHECK ONE <input type="checkbox"/> IMPORT DECLARATION Nonnarcotic Substances in Schedules III, IV, V <input type="checkbox"/> EXPORT DECLARATION Nonnarcotic Substances in Schedules III, and IV and all substances in Schedule V	BROKER OR FORWARDING AGENT, IF USED (Name and Address)	U.S. CUSTOMS CERTIFICATION Date of Departure / Arrival Name of Carrier / Vessel Date of Certification Signature of Customs Official
IMPORTER/EXPORTER (Name and Address) DEA REGISTRATION NO.		

2. CONTROLLED SUBSTANCES TO BE IMPORTED OR EXPORTED		
2a. NAME AND QUANTITY OF DRUG or PREPARATION <i>(Enter names as shown on labels; numbers and sizes of packages; strength of tablets, capsules, etc., CSA Drug Code and NDC Number)</i>	2b. CONTROLLED SUBSTANCE CONTENT OF DRUG OR PREPARATION expressed as acid, base or alkaloid. <i>(Enter names of controlled substances contained in the drug; compound, or preparation)</i>	2c. DATE IMPORTED/EXPORTED AND ACTUAL QUANTITY <i>(Completed by registrant at time of transaction)</i>

3. <input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. DEPARTURE DATE	<input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF IMPORTATION (first U.S. Customs Port) AND APPROX. ARRIVAL DATE
4. MODE OF TRANSPORT; NAME OF VESSEL / CARRIER (if known)	NAME OF ALL INTERMEDIATE CARRIERS
5. NAME AND ADDRESS OF FOREIGN CONSIGNEE/CONSIGNOR	

I hereby certify that the above named substance(s) to be Imported, Exported, are intended for Legitimate medical need, Scientific research, Other (If intended for reexport beyond the country of destination described in block 5 above, attach documentation per Title 21, CFR 1312.27.)

If used as "Export Declaration", attach documentation that importation is not contrary to the laws or regulations of the country of destination.

SIGNATURE OF AUTHORIZED INDIVIDUAL OF IMPORTER/EXPORTER, BROKER OR FORWARDING AGENT	DATE	NAME OF FIRM AND TELEPHONE NUMBER
---	------	-----------------------------------