

<i>SEE INSTRUCTIONS ON SEPARATE PAGE</i>	No import quota may be issued unless a completed application form has been received. 21 CFR 1315.34	<b>OMB Approval No. 1117-0047</b>
1. NAME OF LIST I CHEMICAL (Only one per DEA- 488)		2. DEA CHEMICAL CODE NO:
3. NAME AND ADDRESS OF REGISTRANT (Include No., Street, City, State and ZIP Code)		4. YEAR FOR WHICH QUOTA IS REQUESTED
5. DEA IMPORT REGISTRATION NO.	6. TYPE OF PRODUCT (only one per DEA 488) <input type="checkbox"/> Bulk API or Finished Dosage Forms in Bulk <input type="checkbox"/> Finished product for distribution only	7. NAME OF CONTACT PERSON
8. TELEPHONE No. (Include ext, if applicable)		9. FAX NO:
10. E-MAIL ADDRESS:		

**NOTE: All quantities are to be expressed in grams of anhydrous acid, base, or alkaloid (not as salts).**

11. QUOTA HISTORY	QUOTAS PREVIOUSLY ISSUED BY DEA			QUOTA REQUESTED  ( )  _____ Grams
	2 <sup>ND</sup> PRECEDING YEAR  ( )  _____ Grams	1 <sup>ST</sup> PRECEDING YEAR  ( )  _____ Grams	CURRENT YEAR  ( )  _____ Grams	
	12. PRODUCTION DATA			
2 <sup>ND</sup> PRECEDING YEAR      1 <sup>ST</sup> PRECEDING YEAR      ESTIMATE FOR CURRENT YEAR      ESTIMATE FOR YEAR FOR WHICH QUOTA IS REQUESTED				
I. INVENTORY AS OF DEC. 31				
a. Bulk List I Chemical . . . . .				
b. In-process material . . . . .				
c. Contained in FINISHED Dosage Forms				
TOTAL (a + b + c) . . . . .				
II. DISPOSITION (SALE ) / UTILIZATION (Complete Worksheet A for Quota Requested)				(Complete Worksheet A for Quota Requested)
a. Domestic . . . . .				
b. Exports . . . . .				
TOTAL (a + b) . . . . .				
III. ACQUISITION / PRODUCTION				
a. Domestic Sources . . . . .				
b. Importation . . . . .				
TOTAL (a + b) . . . . .				

13. IF THE PURPOSE IS TO MANUFACTURE ANOTHER SUBSTANCES(S), FURNISH THE FOLLOWING INFORMATION:

NAME OF NEW SUBSTANCE	DEA CHEMICAL CODE NUMBER	AMOUNT USED FOR THIS PURPOSE			% YIELD (Historical)
		2 <sup>ND</sup> PRECEDING YEAR	1 <sup>ST</sup> PRECEDING YEAR	CURRENT YEAR	

14. IF THE PURPOSE IS TO MANUFACTURE THE LIST I CHEMICALS INTO DOSAGE FORMS, FURNISH THE FOLOWING INFORMATION:

NAME OF DOSAGE FORM <small>(include product form, i.e. tablets, patches, etc. and strengths)</small>	AUTHORITY TO MARKET THIS PRODUCT	AMOUNT USED FOR THIS PURPOSE		ESTIMATE FOR CURRENT YEAR	ESTIMATE FOR YEAR FOR WHICH QUOTA IS REQUESTED
		2 <sup>ND</sup> PRECEDING YEAR	1 <sup>ST</sup> PRECEDING YEAR		

SIGNATURE OF APPLICANT	PRINT or TYPE NAME and TITLE OF SIGNER	DATE
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