

|   |   |                                      |                                       |
|---|---|--------------------------------------|---------------------------------------|
| <i>SEE INSTRUCTIONS ON SEPARATE PAGE</i>  | No individual manufacturing quota may be issued unless a completed application form has been received, 21 CFR 1303.22 |                                      | <b>OMB Approval<br/>No. 1117-0006</b> |
| 1. NAME OF BASIC CLASS OR LIST I CHEMICAL (Only one per DEA-189)                  | 2. SCHEDULE / LIST NUMBER   | 3. DEA DRUG / CHEMICAL CODE NUMBER   |                                       |
| 4. NAME AND ADDRESS OF REGISTRANT (Include No., Street, City, State and ZIP Code) |   | 5. YEAR FOR WHICH QUOTA IS REQUESTED |                                       |
|   |   | 6. DEA REGISTRATION NUMBER           |                                       |
| 7. NAME OF CONTACT PERSON   | 8. TELEPHONE No. (Include extension)  | 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<br>( )<br>_____grams           |
|---|---------------------------------------|---------------------------------------|---------------------------|--|
|   | 2 <sup>nd</sup> PRECEDING YEAR<br>( ) | 1 <sup>st</sup> PRECEDING YEAR<br>( ) | CURRENT YEAR<br>( )       |  |
|   | _____grams                            | _____grams                            | _____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 Controlled Substance or List I Chemical . . . . . |                                       |                                       |                           |  |
| b. In-process material . . . . .                          |                                       |                                       |                           |  |
| c. Contained in FINISHED Dosage Forms                     |                                       |                                       |                           |  |
| TOTAL (a + b + c) . . . . .                               |                                       |                                       |                           |  |
| II. DISPOSITION (SALE ) / UTILIZATION                     |                                       |                                       |                           |  |
| 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 SUBSTANCE(S), FURNISH THE FOLLOWING INFORMATION:

| NAME OF NEW SUBSTANCE | AUTHORITY TO MARKET THIS PRODUCT | 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. REMARKS

|                        |  |      |
|------------------------|--|------|
| SIGNATURE OF APPLICANT | PRINT or TYPE NAME and TITLE of SIGNER | DATE |
|------------------------|--|------|