

REPORT OF RECEIPT OF A CONTROLLED CHEMICAL SUBSTANCE FROM AN OUT-OF-STATE SOURCE

California Health and Safety Code Section 11100(d) requires that any manufacturer, wholesaler, retailer or other person who receives a controlled chemical substance from a source outside of this state shall complete and submit this form to the California Department of Justice, Bureau of Narcotic Enforcement, Precursor Compliance Program, P.O. Box 161089, Sacramento, California 95816-1089. **21 days prior to the delivery of the substance.**

It is a criminal offense to:

- Fail to report the transaction 21 days prior to the sale or transfer of the substance.
- Knowingly make a false statement in this report.
- Sell, transfer or otherwise furnish a controlled substance with the knowledge or the intent that the recipient will use it to unlawfully manufacture a controlled substance.

INSTRUCTIONS FOR COMPLETING THIS FORM

Part I of this report must be completed by the purchaser and received by the Department of Justice 21 days prior to receipt of the controlled chemical substance. Part II of this report must be submitted when the precursor is received. It is to be typewritten or filled out legibly in ink and must be complete when submitted. **INCOMPLETE REPORTS DO NOT CONSTITUTE COMPLIANCE WITH THE LAW AND WILL BE RETURNED TO THE PURCHASER.**

PART I

Part I must be completed and received by the Department of Justice 21 days prior to delivery of the controlled chemical substance. Failure to comply with this law may result in prosecution.

Section A: Provider Information - The provider means the seller, transferer or furnisher of a controlled chemical substance. Applicable state registration or license means the number issued by the appropriate state agency for monitoring chemicals.

Section B: Customer Information - "customer" means the authorized agent ordering the controlled chemical substance. "Proper identification" includes two or more of the following; federal tax identification number; seller's permit identification number; city or county business license number; license issued by the California Department of Health Services; registration number issued by the Federal Drug Enforcement Administration; precursor business permit number issued by the Bureau of Narcotic Enforcement of the California Department of Justice; motor vehicle operator's license; or other identification issued by a state. Indicate whether the purchaser is a first-time buyer, periodic buyer or regular customer.

Section C: Purchase Information - Complete all of the purchase information in this section. Indicate the controlled chemical substance and amount being received. Describe in detail the intended use of the substance.

PART II

Part II of this form must be submitted within 10 days following the date of proposed release indicated on Part I of this form to the California Department of Justice, Bureau of Narcotic Enforcement, Precursor Compliance Program, P.O. Box 161089, Sacramento, California 95816-1089.

Section D: This section must be completed at the time the substance is released.

Section E: The "customer" is that individual who: takes delivery at the provider's facility; has the authority to accept the controlled chemical substance on behalf of the purchasing company or firm; has responsibility for stocking and maintaining the chemical; or maintains the security and safety of the controlled chemical substance.

**REPORT OF RECEIPT
OF CONTROLLED CHEMICAL SUBSTANCE FROM AN OUT-OF-STATE SOURCE**

PART I (To Be Completed at Time of Order)

A. PROVIDER INFORMATION:

Company or Firm Providing the Chemical: _____
Business Address: _____ City _____ State _____ Zip _____
Telephone Number: _____ Applicable State Registration #: _____

B. CUSTOMER INFORMATION:

Company or Firm Ordering the Chemical: _____
Name and Title: _____
Identification Numbers: _____
Delivery Address: _____ City _____ State _____ Zip _____
Company Address: (If different from delivery address) _____
Business Telephone Number: _____ Precursor Business Permit # _____

C. INVOICE # _____ DATE ORDERED _____ ESTIMATED RELEASE DATE _____
First-Time Buyer _____ Periodic Buyer _____ Regular Buyer _____

- | <u>Volume</u> | | <u>Volume</u> | |
|---------------|--------------------------|---------------|-------------------------|
| 1. _____ | Phenyl-2-propanone | 19. _____ | Phenylpropanolamine |
| 2. _____ | Methylamine | 20. _____ | Propionic anhydride |
| 3. _____ | Ethylamine | 21. _____ | Isosafrole |
| 4. _____ | D-lysergic acid | 22. _____ | Safrole |
| 5. _____ | Ergotamine tartrate | 23. _____ | Piperonal |
| 6. _____ | Diethyl malonate | 24. _____ | Thionylchloride |
| 7. _____ | Malonic acid | 25. _____ | Benzyl cyanide |
| 8. _____ | Ethyl malonate | 26. _____ | Ergonovine maleate |
| 9. _____ | Barbituric acid | 27. _____ | N-methylephedrine |
| 10. _____ | Piperidine | 28. _____ | N-ethylpseudoephedrine |
| 11. _____ | N-acetylanthranilic acid | 29. _____ | N-methylpseudoephedrine |
| 12. _____ | Pyrrolidine | 30. _____ | N-ethylpseudoephedrine |
| 13. _____ | Phenylacetic acid | 31. _____ | Chloroephedrine |
| 14. _____ | Anthranilic acid | 32. _____ | Chloropseudoephedrine |
| 15. _____ | Morpholine | 33. _____ | Hydriodic acid |
| 16. _____ | Ephedrine | 34. _____ | Gamma-butyrolactone |
| 17. _____ | Pseudoephedrine | 35. _____ | 1,4-butanediol |
| 18. _____ | Norpseudoephedrine | 36. _____ | Red Phosphorus |

Describe **in detail** what each chemical being purchased is used for: (use additional sheet if necessary)

Manufacturing (specify) _____

Resale _____

Research (specify) _____

Other _____

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PART II (To Be Completed at Time of Order)

A. PROVIDER INFORMATION:

Company or Firm Providing the Chemical: _____
Business Address: _____ City _____ State _____ Zip _____
Telephone Number: _____ Applicable State Registration #: _____

B. CUSTOMER INFORMATION:

Company or Firm Ordering the Chemical: _____
Name and Title: _____
Identification Numbers: _____
Delivery Address: _____ City _____ State _____ Zip _____
Company Address: (If different from delivery address) _____
Business Telephone Number: _____ Precursor Business Permit # _____

C. INVOICE # _____ DATE ORDERED _____ ESTIMATED RELEASE DATE _____
First-Time Buyer _____ Periodic Buyer _____ Regular Buyer _____

D. RECEIPT INFORMATION: (To Be Completed At Time of Release)

Date of Receipt: _____
Customer Pick-Up _____ Drop-Shipment _____
(If the product is to be shipped, list name of shipper)
Form of Payment: Cash _____ Money Order _____ Cashier Check _____ Purchase Order _____

E. CUSTOMER PICK-UP IDENTIFICATION:

Name: _____
Title or Relationship to Company Ordering, if applicable: _____
Identification Numbers: _____
Vehicle License: _____

The information furnished in this report is true and correct and I hereby declare so by my signature. In the case of a customer pick-up purchase, the customer's identification is consistent with the information listed.

SIGNATURE OF CUSTOMER: _____ DATE: _____
SIGNATURE OF SELLER: _____ DATE: _____