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| <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 | | OMB Approval No. 1117-0006 |
| 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 () _____grams |
|---|---------------------------------------|---------------------------------------|---------------------------|--|
| | 2 nd PRECEDING YEAR () | 1 st PRECEDING YEAR () | CURRENT YEAR () | |
| | _____grams | _____grams | _____grams | |
| 12. PRODUCTION DATA | 2 ND PRECEDING YEAR | 1 ST 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 ND PRECEDING YEAR | 1 ST PRECEDING YEAR | CURRENT YEAR | |
| | | | | | | |

14. REMARKS

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