



## REPORT OF SALE / TRANSFER OF CONTROLLED ITEMS

### Instructions

(Donated/Transferred/Destroyed Items)

This form will serve as a record of how the state controlled items are dispositioned. Under Part 1, whichever is applicable, (*Chemical Precursor Sold...*) and/or (*Number Count of Lab Apparatus...*) write in **"Destroyed"**, **"Donated"** or **"Transfer"** by the items and quantities destroyed/donated/transferred you fill in. If transferred to a Business Permit Holder, fill in Part II (2). If transferred to a One-Time Permit Holder, fill in Part III (3). If donated/transferred to an Agency or Individual claiming an Exemption, fill in Part IV (4). The recipient representative will sign line above Signature of Recipient (Parts II, III or IV). Above Signature of Distributor (Parts I through IV), your company representative will sign and send a copy to DPS and you keep a copy, for **2 years**. Send the completed form via email or mail to the address provided.

| PART I Information Regarding a Distributor Who Sells, Transfers or Furnishes a Controlled Item                               |                                       |        |    |   |  |
|--|---------------------------------------|--------|----|---|--|
| Name of Business   |                                       |        |    |   |  |
| Address  |                                       |        |    |   |  |
| City   |                                       | County |    | State   |  |
| Phone  |                                       | Email  |    |   |  |
| Name of Individual Making Report   |                                       |        |    |   |  |
| Invoice #  |                                       |        |    | Date of Transaction   |  |
| DEA Permit #   |                                       |        |    | PCLA Registration #   |  |
| <b>Chemical Precursor Sold, Transferred or Furnished</b> (report in measured quantity such as 20 drums, 5 gal., 6 lbs., etc) |                                       |        |    |   |  |
| 1  | Methylamine                           |        | 11 | Pyrrolidine   |  |
| 2  | Ethylamine                            |        | 12 | Phenylacetic Acid   |  |
| 3  | D-lysergic Acid                       |        | 13 | Anthranilic Acid  |  |
| 4  | Ergotamine Tartrate                   |        | 14 | Hypophosphorous Acid  |  |
| 5  | Diethyl Malonate                      |        | 15 | Ephedrine   |  |
| 6  | Malonic Acid                          |        | 16 | Pseudoephedrine   |  |
| 7  | Ethyl Malonate                        |        | 17 | Norpseudoephedrine  |  |
| 8  | Barbituric Acid                       |        | 18 | Phenylpropanolamine   |  |
| 9  | Piperidine                            |        | 19 | Red Phosphorus  |  |
| 10   | N-Acetylanthranilic Acid              |        |    |   |  |
| Number Count of Laboratory Apparatus Sold, Transferred or Furnished  |                                       |        |    |   |  |
| A  | Condenser                             |        | I  | Flasks (Erlenmeyer, Single-Neck, two-Neck, Round, bottom, Florence, thermometer, filtering) |  |
| B  | Distilling Apparatus                  |        | J  | Soxhlet Extractor   |  |
| C  | Vacuum Dryer                          |        | K  | Transformer   |  |
| D  | Three-Neck Flask                      |        | L  | Flask Heater  |  |
| E  | Distilling Flask                      |        | M  | Heating Mantle  |  |
| F  | Tableting Machine                     |        | N  | Adapter Tube  |  |
| G  | Encapsulating Machine                 |        | O  | Other, specify:   |  |
| H  | Funnels (Buchner, Filter, Separatory) |        |    |   |  |



|  |        |              |   |
|--|--------|--------------|---|
| <b>PART II Business That is a Recipient of a Controlled Item</b>                 |        |              |   |
| Name of Business   |        |              | Phone   |
| Business Address   |        |              |   |
| City   | County | State        | ZIP   |
| PCLA Registration #  |        | DEA Permit # |   |
| Name of the Recipient Business Representative                                    |        |              |   |
| <b>PART III One-Time Permit Holder Who is a Recipient of a Controlled Item</b>   |        |              |   |
| Name of Purchaser  |        |              | Date of Birth   |
| Physical Home Address  |        |              |   |
| City   | County | State        | ZIP   |
| Driver's License / State-Issued ID #   |        |              | State   |
| Vehicle License Plate # (operated by purchaser)                                  |        |              | State   |
| <b>PART IV Recipient That is an Agency (or Individual) Claiming an Exemption</b> |        |              |   |
| Name of Agency   |        |              | Phone   |
| Agency Address   |        |              |   |
| City   | County | State        | ZIP   |
| Individual (or Individual's Supervisor)  |        |              | Presented Identification <input type="radio"/> Yes <input type="radio"/> No |

\_\_\_\_\_  
**Signature of Recipient (Parts II, III or IV)**

\_\_\_\_\_  
**Signature of Distributor (Parts I through IV)**