



REPORT OF SALE / TRANSFER OF CONTROLLED ITEMS

Instructions

(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 Sold...*) enter the quantity next to the item transferred. If the item is being destroyed, write in **"Destroyed"** and the quantity next to the item. If transferred to a Business, fill in Part II (2). If transferred to an Agency or Individual, fill in Part III (3). Ensure this form is dated and signed by both the Distributor and Recipient and is maintained in your records for two (2) years.

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 #			Registration #		
Chemical Precursor Sold, Transferred or Furnished (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 (Erhlenmeyer, 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)				



PART II Business That is a Recipient of a Controlled Item			
Name of Business			Phone
Business Address			
City	County	State	ZIP
Registration #		DEA Registration #	
Name of the Recipient Business Representative			
PART III Recipient That is an Agency (or Individual)			
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

Date **Signature of Distributor**

Date **Signature of Recipient**