

RESTRICTED PRODUCT FORM

PRODUCT NAME:

Only 1 product per form.

DEA **DHS** **CWC**

Select all that apply above.

COMPANY INFO:

COMPANY NAME

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

LIST ALL SHIP TO LOCATIONS:

SAME AS ABOVE

FACILITY NAME

#1

ADDRESS

CITY, STATE, ZIP

FACILITY NAME

#2

ADDRESS

CITY, STATE, ZIP

AUTHORIZED PERSONNEL TO PURCHASE:

1.

4.

2.

5.

PRODUCT END USE:

SECTION FOR DEA PRODUCTS ONLY

REGISTERED WITH THE DEA? YES NO N/A

DEA REGISTRATION #:
if applicable

Must provide a copy of your DEA Registration Certificate with form.

I certify that the above chemical will be used for the purpose described above and will not be diverted for illicit usage, or used in the manufacturer of chemical weapons or controlled substances. If the chemical will be resold, I certify that I am aware of the nature of the business of the purchaser to which I am reselling and that the chemical will be used lawfully. If any of the above information changes, I will notify ChemicalStore in writing immediately.

NAME:

TITLE:

SIGNATURE:

DATE:

Please return this form to ChemicalStore Customer Service. Please call 973-405-6248 with any questions.

FOR CHEMICAL STORE USE ONLY:

SIGNATURE:

DATE:

PRINT NAME:

TITLE: