

FAX NUMBER:	
ATTN:	

Certification of Precursor Exemption:

California Controlled Chemical Substances

Customer #:	Order #:	Spectrum Representative:
Company Name Address 1 Address 2 City, State, Zip Telephone	BILLING	
purchases of certa or veterinarian, is facility holding a	in precursor chemicals. However, a lic exempt from this requirement under valid DEA registration is exempt under	. , , , ,
Please complete this form carefully, to allow Spectrum to exercise this exemption and ship your order without delay.		
of these ch		ding, or research and is not to be resold. Resale r Controlled Chemical Substances and, in most such distribution.
CERTIFICATIO	N:	
	(Purcha	asing Organization) ot, podiatrist, veterinarian or an analytical g Enforcement Administration.
PLEASE SPECIFY V	vнісн:	
My pharmacy lic	ense or DEA Registration number is:	
Name		Title:

Form is valid for 1 year from date signed

Please email completed form to compliance@spectrumchemical.com or fax them to (310) 516-2014

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