



CONTROLLED III-V INVENTORY FORM

Please print and mail a copy of this form with your shipment

Shipper Information

DEA NAME: _____ D/B/A: _____ DEA No: _____
 ADDRESS: _____ DEA EXP DATE: _____
 CITY: _____ STATE: _____ ZIP: _____ STATE ID#: _____
 PHONE#: _____ FAX#: _____ EMAIL: _____ BUYING GROUP: _____

Once you receive the CONTROLLED III-V FORM, please fill in the "Packages Shipped" column and the "Date Shipped" column. You keep the top brown copy for your records and mail the green copy to your local DEA Office.

SI. No.	No of Pkgs.	Qty	Sealed (Yes/No)	National Drug Code (NDC#)	Name and Strength of the Drug	For ARK Rx Returns Use only
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Signature (Authorized Registrant): _____

Date: _____