



**Designation of Authorized Purchaser:      Controlled Substances**

**PRIVACY DOCUMENT: REPLY ONLY TO THIS SECURE FAX NUMBER: (310) 516-2014**

Company: \_\_\_\_\_ Customer #: \_\_\_\_\_  
Customer Fax: \_\_\_\_\_ Tel: \_\_\_\_\_ Attn/Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Date: \_\_\_\_\_ Spectrum Representative: \_\_\_\_\_

**Dear Valued Customer:** In order to comply with 21 CFR1305.07 and prevent diversion of controlled substances, Spectrum identifies and establishes the authorization status of each person seeking to order a controlled substance and only accepts such orders from persons legally authorized to place them. Designations are valid for one year.

Privacy Statement: All personal information obtained for this purpose is received in a restricted access area, handled only by authorized personnel and secured to maintain the privacy of your personal information. This information will not be disseminated by Spectrum in any form, but must be disclosed to law enforcement personnel upon lawful request.

**1 DEA Registration Number of Purchasing Entity:** \_\_\_\_\_  
Expires: \_\_\_\_\_

**2 Authorized Purchasing Agent:** (Print) \_\_\_\_\_ Title: \_\_\_\_\_  
Authorized to Purchase (Specify Schedules): \_\_\_\_\_  
Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am authorized by the above registrant to designate the Authorized Purchasing Agent named above. I hereby authorize the above person to purchase the specified schedules of controlled substances in behalf of the above registrant. This authorization shall include DEA List 1 Chemicals unless I have specified otherwise, above.

**3 Schedule II Orders Only:** The person designated above is the same person who signed the above registrant’s most recent DEA registration, or holds currently-valid Power of Attorney from that person to execute Order Forms (Forms 222) for Schedule II on behalf of the above registrant, per 21CFR 1305.07. (Initial) \_\_\_\_\_ Date: \_\_\_\_\_

**4 Purchasing Company Official:** (Print) \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature is valid 1 year from date signed**

**Please email completed form to [compliance@spectrumchemical.com](mailto:compliance@spectrumchemical.com) or fax them to (310) 516-2014.**