



Designation of Authorized Purchaser: DEA List 1 & 2 Chemicals

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

Dear Customer: The Code of Federal Regulations, Title 21, Part 1310.07, "Proof of Identity," requires that positive identification and authorization status be established for all persons making regulated purchases of List 1 & 2 Chemicals. Please complete both sections and send to the secure FAX number above. 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.

Authorized Purchasing Agent: (Print) _____ Title: _____
ID Type: _____ State or Issuer: _____ Number: _____ Exp.: _____
Authorized to Purchase (Specify): _____
Signature: _____ Date: _____

Authorized Purchasing Agent: (Print) _____ Title: _____
ID Type: _____ State or Issuer: _____ Number: _____ Exp.: _____
Authorized to Purchase (Specify): _____
Signature: _____ Date: _____

Authorized Purchasing Agent: (Print) _____ Title: _____
ID Type: _____ State or Issuer: _____ Number: _____ Exp.: _____
Authorized to Purchase (Specify): _____
Signature: _____ Date: _____

I hereby designate the above Authorized Purchasing Agent(s) and affix my signature as witness to the validity of the identification and the Authorized Purchasing Agent status of each person designated herein.

Purchasing Company Official: (Print) _____ Title: _____
ID Type: _____ State or Issuer: _____ Number: _____ Exp.: _____
Signature: _____ Date: _____

Signature is valid 1 year from date signed

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