



# PRECURSOR AND REGULATED CHEMICAL REPORT

Arizona Revised Statute 13-3404 requires: A manufacturer, wholesaler, retailer or other person who sells, transfers or otherwise furnishes any precursor chemical or regulated chemical to a person in this state, not less than twenty-one days before delivery of the substance, shall submit a report of the transaction to the Arizona Department of Public Safety. A manufacturer, wholesaler, retailer or other person who receives from a source outside this state any precursor chemical or regulated chemical shall submit a report of the transaction to the Arizona Department of Public Safety (see exceptions under A.R.S. 13-3404(E)). Failure to report or to comply with A.R.S. 13-3404.01 is a felony.

### Part I: Provider

Person <b>selling, transferring or furnishing</b> the substance is: <i>(check one)</i> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Other:			
Full Name of Individual Completing Transaction		Business Name	
Street Address	City	State	Zip Code
AZ Board of Pharmacy Permit # <i>(Selling, transferring or furnishing without a permit is a felony)</i>	Telephone	Social Security Number	

### Part II: Receiver

Person <b>buying, acquiring or receiving</b> the substance is: <i>(check one)</i> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Other:			
Full Name of Individual Completing Transaction		Telephone	Social Security Number
Home Address	City	State	Zip Code
Business Name	AZ Board of Pharmacy Permit # <i>(Selling, transferring or furnishing without a permit is a felony)</i>		
Business Address	City	State	Zip Code
Business Telephone	Date of Birth	Identification <i>(Photo ID Required – List type &amp; number)</i>	

### Part III: Transaction Details

Chemical Designation <i>(Check one)</i> <input type="checkbox"/> Precursor Chemical I <input type="checkbox"/> Precursor Chemical II <input type="checkbox"/> Regulated Chemical		NDC Number	
Substance Name		Proprietary or Brand Name of product <i>(if any)</i>	
Quantity Sold, Transferred, or Furnished	Invoice Number	Transaction Method: <input type="checkbox"/> Cash/Money Order <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other	Amount
Date Ordered	Date to be Delivered		

To the best of my knowledge, the information provided in this report pertaining to the sale, transfer or furnishing of precursor chemicals or regulated chemicals, or the receipt of precursor chemicals or regulated chemicals, is true and accurate.

Print Full Name of Reporting Party	Date	Title
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X  
Signature

**Mail To:** ACTIC Watch Center  
Arizona Department of Public Safety  
Mail Drop 3900  
PO Box 6638  
Phoenix, AZ 85005-6638

**E-Mail to:** ACTIC@AZDPS.GOV

White Copy: **DPS** ◆ Canary Copy: **Retain for Records**