

Form 8

(Regulation 23)

Precursor Control Authority
No. 383, Kotte Road,
Rajagiriya.

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Application for obtaining an End user license under sec. 19 of the Conventions Illicit Traffic
In Narcotic Drugs And Psychotropic Substance Act No. 1 of 2008.

PART I
DETAILS OF THE APPLICANT



Name of the Company / Domestic User : _____

Address of the Company / Domestic User : _____

Business Reg. No : _____

NIC No / Passport (If Domestic use) : _____

Tele. : _____

Fax. : _____

E-mail : _____

Part 2

DETAILS OF THE PRECURSOR CHEMICALS

PLEASE INDICATE THE PRECURSOR CHEMICALS WHICH ARE TO BE USED FOR NEXT YEAR

<i>Table I</i>	
1. Acetic Anhydride HS Code : 2915.24 CAS No. 108-24-7	
2. N-Acetylanthranillic acid HS Code : 292423 CAS No. 89-52-1	
3. Ephedrine HS Code : 2939.41 CAS No. 299-42-3	
4. Ergometrine HS Code : 2939.61 CAS No. 60-79-7	
5. Ergotamine HS Code : 2939.62 CAS No. 113-15-5	
6. Isosafrole HS Code : 2932.91 CAS No. 120-58-1	
7. Lysergic acid HS Code : 2939.63 CAS No. : 82-58-6	
8. 3,4-Methylenediosyphenyl 1-2 propanone HS Code . 2932.92	
9. Norephedrine HS Code : 2939.49 CAS No. 154-41-6	
10.1 Pheny 1-2-propanone HS Code : 2914.31 CAS No. 103-79-7	
11. Piperonal HS Code : 2932.93 CAS No. : 120-57-0	
12. Potassium permanganate HS Code : 2941.61 CAS No. : 7722-64-7	
13. Pseudoephedrine HS Code : 2939.42 CAS No. : 90-82-4	
14. Safrole HS Code : 2932.94 CAS No. : 94-59-7	

<i>Table II</i>	
1. Acetone HS Code : 2914.11 CAS No. : 67-64-1	
2. Anthranillic acid HS Code : 2922.43 CAS No. : 118-92-3	
3. Ethyl ether HS Code : 2909.11 CAS No. : 60-29-7	
4. Hydrocholic acid HS Code : 2806.10 CAS No. : 7647-01-0	
5. Methyl ethyl ketone HS Code : 2914.12 CAS No. : 78-93.3	
6. Phenylacetic acid HS Code : 2916.34 CAS No. : 103-82-2	
7. Piperidine HS Code : 2933.32 CAS No. : 110-89.4	
8. Sulphiric acid I HS Code : 2807.00 CAS No. : 7664-93-9	
9. Toluene HS Code : 2902.30 CAS No. : 108-88-3	

Please provide details requested below relevant to the precursor chemicals which are to be used for next year

Name of the chemical	Trade Name	From whom to be purchased (Name & address)	For which activity	The expected quantity to be used for next year

I hereby declare that all the information furnished in this application are true and correct.

.....
Signature of applicant.



.....
Date.

.....
Company stamp

For Official use only

Date received

Checked by

Approved by

Ammended by T. K.R. Dissanayake Assistant Director-PCA	Recommended by Director General	Approved by Professor R. Fernando Chairman
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