

<p>CWC SCHEDULE 1 DECLARATION OR REPORT</p>	FACILITY OR TRADING COMPANY NAME: U.S. FACILITY OR TRADING COMPANY CODE (once assigned):
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FORM 1-3 DECLARATION OR REPORT ON SCHEDULE 1 CHEMICAL EXPORTED TO OR IMPORTED FROM OTHER STATES PARTIES

CAS REGISTRY NO.:	CHEMICAL NAME:
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Check this box if you have attached a structural formula for this chemical to Form A.

Provide the following information on each export or import transaction.

1-3.1.1	a. <input type="checkbox"/> Export <input type="checkbox"/> Import (check one)	b. Name of recipient or source:			
	c. Street Address:		City, District:		
	State, Province:		Postal Code:	State Party (see Supplement No. 3):	
	d. Purpose(s) of export/import: <input type="checkbox"/> RESEARCH <input type="checkbox"/> PHARMACEUTICAL <input type="checkbox"/> WASTE DISPOSAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> PRODUCTION OF OTHER SCHEDULE 1 CHEMICAL <input type="checkbox"/> PROTECTIVE				
	e. Quantity:		grams	f. Date of transfer (YYYY-MM-DD):	
	1-3.1.2	a. <input type="checkbox"/> Export <input type="checkbox"/> Import (check one)	b. Name of recipient or source:		
c. Street Address:		City, District:			
State, Province:		Postal Code:	State Party (see Supplement No. 3):		
d. Purpose(s) of export/import: <input type="checkbox"/> RESEARCH <input type="checkbox"/> PHARMACEUTICAL <input type="checkbox"/> WASTE DISPOSAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> PRODUCTION OF OTHER SCHEDULE 1 CHEMICAL <input type="checkbox"/> PROTECTIVE					
e. Quantity:		grams	f. Date of transfer (YYYY-MM-DD):		
1-3.1.3		a. <input type="checkbox"/> Export <input type="checkbox"/> Import (check one)	b. Name of recipient or source:		
	c. Street Address:		City, District:		
	State, Province:		Postal Code:	State Party (see Supplement No. 3):	
	d. Purpose(s) of export/import: <input type="checkbox"/> RESEARCH <input type="checkbox"/> PHARMACEUTICAL <input type="checkbox"/> WASTE DISPOSAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> PRODUCTION OF OTHER SCHEDULE 1 CHEMICAL <input type="checkbox"/> PROTECTIVE				
	e. Quantity:		grams	f. Date of transfer (YYYY-MM-DD):	

If additional pages of Form 1-3 for this chemical are attached, indicate the total number of pages as follows:
 page _____ of _____ (e.g., page x of y)

FORM 1-3 Declaration or Report on Schedule 1 Chemical Exported to or Imported From Other States Parties

Declaration and reporting requirements are set forth in Part 712 of the CWC Regulations (15 CFR 712).

Submit this form for each Schedule 1 chemical that you exported to or imported from another State Party to provide detailed information on each trade transaction. Use a separate Form 1-3 for each Schedule 1 chemical. NOTE: There is no exclusion or de minimis amount for declaring or reporting Schedule 1 chemical exports or imports.

Declared facility. If you are a declared Schedule 1 facility, submit this Form 1-3 as part of your ANNUAL DECLARATION ON PAST ACTIVITIES.

Undeclared facilities and trading companies. If you are an undeclared Schedule 1 facility or trading company, submit this Form 1-3 as part of your ANNUAL REPORT ON EXPORTS AND IMPORTS.

Submit Form A to identify any additional information (e.g., site diagrams, maps, drawings, chemical structural formulas) you submit with your completed forms package.

In the upper right hand corner of this form, enter the facility or trading company name or U.S. Facility or Trading Company Code (once assigned) that you entered on Form 1-1 (Schedule 1 Facility or Trading Company Identification).

For each Schedule 1 chemical being declared, provide the CAS Registry Number, if assigned, and the Chemical Name. If the

chemical is not specifically listed by Chemical Name and CAS Registry Number in Supplement No. 1 to Part 712 of the CWC Regulations (15 CFR 712), you must attach the structural formula of the chemical to Form A. Check the box to indicate that you have attached the structural formula.

Question 1-3.1.x.a: Check the appropriate box to indicate whether this trade transaction was an export or an import.

Question 1-3.1.x.b: Enter the name of the recipient or source of the Schedule 1 chemical in the other State Party.

Question 1-3.1.x.c: Enter the address of the recipient or source of the Schedule 1 chemical identified in b. above. Use the Destination Codes in Supplement 3 to identify the other State Party to the export or import.

Question 1-3.1.x.d: Check the appropriate box(es) to indicate the intended purpose(s) for the Schedule 1 chemical.

Question 1-3.1.x.e: Enter the quantity of the Schedule 1 chemical exported or imported in grams.

Question 1-3.1.x.f: Enter the date the Schedule 1 chemical cleared U.S. Customs for export or import.

If there is an insufficient amount of space to record all of your export and import transactions of this chemical, use additional copies of Form 1-3. Indicate the page number of each additional page and the total number of pages using the format "page _ of _" (as described at the bottom of this form).