

CWC SCHEDULE 1 DECLARATION		FACILITY NAME:
		U.S. FACILITY CODE (once assigned):
FORM 1-4 DECLARATION ON SCHEDULE 1 ANTICIPATED ACTIVITIES		
Submit this form for each Schedule 1 chemical anticipated to be produced at this Schedule 1 facility.		
CAS REGISTRY NO.:	CHEMICAL NAME:	
Check this box if you have attached a structural formula for this chemical to Form A. <input type="checkbox"/>		
1-4.1.1	Anticipated Production Quantity: _____ grams	
1-4.1.2	Anticipated Purpose(s): <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	
1-4.1.3	Starting Date (YYYY-MM-DD): _____	
	Ending Date (YYYY-MM-DD): _____	
CAS REGISTRY NO.:	CHEMICAL NAME:	
Check this box if you have attached a structural formula for this chemical to Form A. <input type="checkbox"/>		
1-4.2.1	Anticipated Production Quantity: _____ grams	
1-4.2.2	Anticipated Purpose(s): <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	
1-4.2.3	Starting Date (YYYY-MM-DD): _____	
	Ending Date (YYYY-MM-DD): _____	
CAS REGISTRY NO.:	CHEMICAL NAME:	
Check this box if you have attached a structural formula for this chemical to Form A. <input type="checkbox"/>		
1-4.3.1	Anticipated Production Quantity: _____ grams	
1-4.3.2	Anticipated Purpose(s): <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	
1-4.3.3	Starting Date (YYYY-MM-DD): _____	
	Ending Date (YYYY-MM-DD): _____	

FORM 1-4 Declaration on Schedule 1 Anticipated Activities

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

Submit this form if you anticipate to produce Schedule 1 chemicals in excess of 100 grams aggregate at the declared facility in the next calendar year.

In the upper right hand corner of this form, enter the facility name or U.S. Facility 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 1-4.1.1: Provide the quantity of each Schedule 1 chemical that you anticipate to produce during the next calendar year.

Question 1-4.1.2: Check the appropriate box(es) to indicate the anticipated purposes for the Schedule 1 chemical.

Question 1-4.1.3: Provide the starting and ending dates for each of the anticipated periods of production of the Schedule 1 chemical at this Schedule 1 facility.

Follow the above instructions to complete Questions 1-4.2 and 1-4.3.