



## CONTROLLED SUBSTANCE 222 FORM REQUEST

(DEA Schedule II Drugs Only)

**PLEASE INCLUDE A COPY OF YOUR DEA LICENSE WITH THIS FORM**

CONTACT NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE SAMPLES  
WILL SHIP: \_\_\_\_\_

MATERIAL TYPE: \_\_\_\_\_

NUMBER OF  
CONTAINERS: \_\_\_\_\_

AMOUNT (IN GRAMS)  
PER CONTAINER: \_\_\_\_\_

NAME AND  
ADDRESS TO  
APPEAR ON  
222 FORM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTN: \_\_\_\_\_

**Please email or fax this form along with a copy of your DEA License to:**

**Email: [jkassel@particletechlabs.com](mailto:jkassel@particletechlabs.com), [djovanovic@particletechlabs.com](mailto:djovanovic@particletechlabs.com)**

**Fax: 630-969-2745**