END USER DECLARATION

outlined in section 6A(2) *Drugs Misuse Regulation 1987* (QLD). Quantity Date of **Product Name (including serial**

The chemical(s) and/or item(s) I wish to purchase is/are scheduled as controlled substances and/or controlled things pursuant to the Drugs Misuse Regulation 1987 (QLD). I understand that to be supplied this product, a signed End User Declaration will be forwarded to the Commissioner of the Queensland Police Service as

Pack Size

Order / Reference

Number	supply	number if appli	cable)		(ml,gr,kg)	No:				
If more room is req	l uired please use pag	ne 2.								
Intended Use [please print]										
RECIPIENT	[person who w	vill receive the pro	duct] DETAILS AN	ND DECLA	RATION					
I [Full name]										
Address										
Being [positi	on]									
On behalf of	[Company/in	dividual]								
Company Ad	dress									
Phone Number										
Driver's Lice (Please include an	ense Number _ n enlarged clear so	canned copy of curre	State Issu	ed	_					
I hereby decl	are that the a	above controlled	d substances and/or	controlled t	things will i	not be used in the				
manufacture of illicit drugs.										
Signature:_			Date	-						
DISTRIBUTOR/SUPPLIER DETAILS [Person requesting form to be filled out]										
Full name: Jim Craddock Position Chief Commercial Officer										
Company/Institution/Distributor: Modern Teaching Aids										
Signature			Date							

Distributor/supplier company name Contact Email: - sales@teaching.com.au

Facsimile: - 1800 151 492 Phone: - 1800 251 497

Date of

Catalogue

Chemical Diversion Desk, Queensland Police Service

Email: qpschemdiv@police.qld.gov.au Phone: (07) 3364 6194

Product Name (including serial

Quantity

Pack Size

Number	supply	number if applicable)	(ml,gr,kg)	No:

Distributor/supplier company name Contact Email: - sales@teaching.com.au

Facsimile: - 1800 151 492 Phone: - 1800 251 497

Chemical Diversion Desk, Queensland Police Service **Email:** qpschemdiv@police.qld.gov.au **Phone:** (07) 3364 6194