



# END USER DECLARATION

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 outlined in section 6A(2) *Drugs Misuse Regulation 1987* (QLD).

Catalogue Number	Date of supply	Product Name (including serial number if applicable)	Quantity	Pack Size (ml,gr,kg)	Order / Reference No:

If more room is required please use page 2.

### Intended Use *[please print]*

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### RECIPIENT *[person who will receive the product]* DETAILS AND DECLARATION

I [Full name] \_\_\_\_\_

Address \_\_\_\_\_

Being [position] \_\_\_\_\_

On behalf of [Company/individual] \_\_\_\_\_

Company Address \_\_\_\_\_

Phone Number \_\_\_\_\_ A.C.N \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

*(Please include an enlarged clear scanned copy of current driver's license)*

***I hereby declare that the above controlled substances and/or controlled things will 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](mailto:sales@teaching.com.au)  
Facsimile: - 1800 151 492  
Phone: - 1800 251 497

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

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