



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

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

**Purchaser Identification & Designation of Authorized Purchasing Agent  
California Precursors, Specified Chemicals, Certain Glassware, Apparatus, Reagents & Solvents**

Customer #: \_\_\_\_\_ Order #: \_\_\_\_\_ Spectrum Representative: \_\_\_\_\_

BILLING

SHIPPING

Company Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Dear Customer:** California Health & Safety Code Sections 11100 – 11107.1 require Spectrum to obtain the following purchaser identification for all regulated transactions. **Fully completed, this form will also serve as a DEA signature card for List 1 and List 2 Chemicals and will be valid for 1 year.**

Privacy Statement: Any personal information obtained for this purpose is received in a restricted access area, handled only by authorized personnel and secured to maintain the privacy of your personal information. This information will not be disseminated by Spectrum in any form, but must be disclosed to law enforcement personnel upon lawful request.

**PURCHASER-SUPPLIED INFORMATION: [Please Complete Legibly]**

**1 AUTHORIZED PURCHASER(S) HANDWRITTEN SIGNATURE REQUIRED (DIGITAL SIGNATURES NOT ACCEPTED)**

[PRINT NAME]	SIGNATURE	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZATION NOTES OR RESTRICTIONS: \_\_\_\_\_

**2 PLEASE PROVIDE ANY TWO (2) FORMS OF IDENTIFICATION FROM THE FOLLOWING LIST**

**Federal Tax ID # ♦ Seller's Permit ID # ♦ City or County Business License # ♦ Cal. Dept. of Health Services License #  
DEA Certificate # ♦ Cal. Dept. of Justice Precursor Permit # ♦ Driver's License # ♦ Other ID Issued by Any State**

ID #1: Type/Issued by \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

ID #2: Type/Issued by \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

If Driver's License/State ID used above: Name \_\_\_\_\_ State \_\_\_\_\_

**3 INTENDED USE: (Please be specific. Trade Secrets need not be disclosed)**

\_\_\_\_\_  
\_\_\_\_\_

**4 MANAGEMENT APPROVAL: I am authorized by the above company to designate Authorized Purchasing Agents. I hereby designate the above Authorized Purchasing Agent(s) and affix my signature as witness to the validity of those Purchasing Agents' identification.**

[PRINT MANAGER NAME]

MANAGER SIGNATURE

MANAGER TITLE

DATE

HANDWRITTEN SIGNATURE REQUIRED  
FORM VALID FOR ONE YEAR FROM DATE SIGNED

**Please email completed form to [compliance@spectrumchemical.com](mailto:compliance@spectrumchemical.com) or fax them to (310) 516-2014**