



FAX NUMBER: _____

ATTN: _____

CERTIFICATION OF AVAILABLE PROCUREMENT QUOTA
From Spectrum Customer

SUPPLIER: **Spectrum Laboratory Products, Inc.**
14422 S. San Pedro Street
Gardena, CA 90248

RE: DEA Order Form Number _____

The undersigned certifies that _____

holds a Procurement Quota for _____ for _____ ,
(CURRENT YEAR) (NAME OF BASIC CLASS OF ALKALOID)

a Schedule II Controlled Substance, and that the quantity represented by this order,
_____ grams, does not exceed the unused and available procurement quota.
(QUANTITY OF BASIC CLASS, NOT SALT)

Signature of Purchaser, Attorney or Agent:

(SAME AS ORDER FORM) (DATE)

Please Attach Completed Certificate To DEA Order Form - 222