NOTE TO DISTRIBUTORS AND END-USERS

To ensure compliance with Drug Enforcement Administration (DEA) requirements, Honeywell requires that all purchasers of DEA controlled chemicals complete a "New Customer Purchase Form." Documentation and registration requirements vary – please consult our guidance below to determine whether you qualify as an end-user or a distributor, and which documents you must provide along with your order. Failure to provide accurate information can result in delays or cancellation of your order.

End-User: An "end-user" is an entity that will purchase products from Honeywell for <u>internal use only</u>. All controlled products will be wholly consumed by the end-user at the location where they are received from Honeywell, and cannot be distributed to any other physical location. Products cannot be forwarded to any other entity or returned to Honeywell. End-users should select Option A when completing certifications on the "New Customer Purchase Form." Note that end-users are not required to register with the DEA.

Distributor: A "distributor" is an entity that will purchase products from Honeywell for resale. Distributors must be registered with the DEA, and must provide proof of a distributor registration to Honeywell. Honeywell will verify the chemical codes a distributor is authorized to receive, and will not ship any products not specifically listed on a distributor registration. Additionally, Honeywell will only ship products to the address listed on the distributor registration. Distributors should select Option B when completing certifications on the "New Customer Purchase Form."

Distributors with Drop Shipments: When a distributor requests that Honeywell ship controlled product directly to a 3rd party, **Honeywell must receive an end-user certification or a distributor registration from the 3rd party physically receiving controlled products.** The purchasing entity is not required to complete the "New Customer Purchase Form" or to provide its own distributor registration. When submitting the "New Customer Purchase Form", ensure that Option A is selected when completing certifications and that the 3rd party's information is noted in the "Customer Information" and "DEA List 1 Chemical Information" sections of the form.

If you have any questions regarding end-users, distributors, or drop shipments, please contact Honeywell at DEA@honeywell.com prior to placing your order. Thank you for your cooperation.

Honeywell

NEW CUSTOMER PURCHASE FORM FOR DEA LIST 1 CHEMICALS

In order for Honeywell to confirm compliance with Drug Enforcement Administration (DEA) regulations, please provide the following information regarding your company and this proposed transaction. This form may be returned via email to DEA@Honeywell.com.

Customer Information:

Company Name: _____
Company Address: _____
Company Country: _____
Company Contact Name: _____
Company Contact Phone: _____
Company Contact E-mail: _____

DEA List 1 Chemical Information:

Product Name: _____
Controlled Chemical: _____
Forecasted Purchases: _____
Forecasted Quantities: _____
End-Use of Chemical: _____

End-User / Distributor Certification

A) I certify that the entity named above is the ultimate end-user of the abovementioned List 1 controlled chemical. The entity will consume all chemicals purchased for internal use, will not act as a distributor, and will comply with all State and local regulations related to the purchase and use of the product and/or the List 1 chemical.	☐

B) I certify that the entity named above is not the ultimate end-user of the abovementioned List 1 controlled chemical. The entity maintains a DEA manufacturer and/or distributor registration, will act as a manufacturer and/or distributor, and will comply with all State and local regulations related to the purchase, manufacture and/or distribution of the product and/or the List 1 chemical. The entity's registration type and number is noted below.	☐

Registration Type:	Manufacturer:	☐	Registration Number:
	Distributor:	☐	Registration Number:

I certify that I am authorized to complete and sign this document, and that all certifications attested to above are true and correct.

Name: _____
Title: _____
Date: _____
Signature: _____