



# OREGON STATE POLICE PRECURSOR TRANSACTION RECORD

For Iodine and Methyl Sulfonyl Methane (MSM)

This record is to be completed for a purchase of any of the substances listed in Part I in quantities exceeding those specified. The following information is required to be filled out and obtained/retained by the seller for three years at the place of business. This form may be picked up by an Oregon State Police representative.

The **seller** is required to produce this record to the Department of State Police or any law enforcement agency upon request, and is **legally responsible for the accuracy of this record**.

The **purchaser** is required to produce State or Federal Photo Identification (Drivers License/ID Card, Military ID, etc.) as well as the current vehicle registration for the transporting vehicle.

**Pursuant to ORS 475.978 (Uniform Controlled Substances Act)** failure by the seller to obtain and retain the required information is a Class A Misdemeanor.

## Part I - Check Substance(s) sold, transferred or furnished. Indicate number of units and the size of the units

	Units	/	Size	Purpose
<input type="checkbox"/> <b>Methyl Sulfonyl Methane (MSM)</b> - two or more pounds (in any transaction)	_____	_____	_____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> what will the purchased substance(s) be used for
<input type="checkbox"/> <b>Liquid Iodine Matrix</b> - greater than 2% or more (to those authorized under the Uniform Controlled Substances Act (UCSA))	_____	_____	_____	
<input type="checkbox"/> <b>Crystal Elemental Iodine</b> - Any quantity	_____	_____	_____	

## Part II - Seller: To be filled out by the person who sells, transfers, or furnishes the substance(s) checked in part I.

Name: \_\_\_\_\_  
(First Middle Last) Business Name

Business Address: \_\_\_\_\_  
Street City State Zip

Signature of Seller: \_\_\_\_\_  
(signature verifies accuracy of all information on form)

## Part III - Purchaser: This is filled in by the seller from photo ID and vehicle registration provided by the purchaser.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_  
(First Middle Last) Photo ID type and number

Resident Address (Physical street address only - **DO NOT** use a PO Box number):

\_\_\_\_\_ Street Apt# City State Zip

Transporting vehicle: \_\_\_\_\_  
Plate# State Make Model Color

Signature of Purchaser: \_\_\_\_\_ (signature verifies above information is correct)