



Application for permission to export narcotic, psychotropic, precursor substances

Substances controlled under Regulation 10 of the [Customs \(Prohibited Exports\) Regulations 1958](#).

To assist in the completion of this form, [guidance](#) is available on the ODC website.

Raw material OR Finished goods

1. Exporter information		
Licence holder's name:		Export licence number:
Company name:		Approximate date of export:
Company address:		
Postal address:		
Please tick if an express envelope has been forwarded <input type="checkbox"/>		
2. Importer information		
Overseas importer's full name:		
Overseas importer's address:		
Import authorisation No.:	Import authorisation date of issue:	
3. Substance details		
Substance name: <i>(e.g. morphine sulphate)</i>	Trade name: <i>(finished goods only)</i>	
Concentration/strength:	Form of substance: <i>(e.g. tablets, vials):</i>	
Pack type and size:	Total number of packs in shipment:	
ARTG / APVMA / Laboratory Use (Compulsory field for finished goods):		
4. Declaration and consent		
<p>I hereby apply to the Secretary, Department of Health and Aged Care, for a permission to export a drug in accordance with regulation 10 of the Customs (Prohibited Exports) Regulation 1958.</p> <p>I declare that to the best of my knowledge all the information in this application is true, correct and complete. I am aware that giving false or misleading information is a serious offence (see Division 136 and 137 of the <i>Criminal Code Act 1995</i>).</p> <p>I understand that it is standard practice for the Narcotics Control Section to provide any or all of the contents of this application, including personal information as defined in the <i>Privacy Act 1988</i>, to law enforcement agencies and regulatory agencies in the Commonwealth, States and Territories as necessary, in order to ensure laws and regulations are being complied with. I consent to all such disclosures and associated exchanges of information, including specifically personal information about me.</p>		
Signature of licence holder or authorised contact:	Name:	
	Date:	
	Position:	
Email:	Direct telephone:	Mobile: