



## Application for a licence to import - Special Access Scheme (SAS) and Authorised Prescriber (AP) only

### Medical practitioner or pharmacist use only

Substances controlled under Regulation 5 of the [Customs \(Prohibited Imports\) Regulations 1956](#).

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

**Please note:** Only complete page 2 of this application if the substance to be imported is an anabolic/androgenic or growth hormone.

1. Applicant details	
Name of Medical Practitioner or Registered Pharmacist:	
Profession (one selection must be applicable and chosen): <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Pharmacist	
Medicare Provider No. or Pharmacy Registration No.:	
2. Business information	
Company name (if applicable):	
Street address:	Postal address (if different from street address):
3. Declaration and consent	
<p>I hereby apply to the Secretary, Department of Health and Aged Care, for a permission to import a drug in accordance with regulation 5 of the Customs (Prohibited Imports) Regulation 1956.</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 applicant:	Name:
	Date:
Position:	Email:
Direct telephone:	Mobile:



## Application for a permit to import drug substances – SAS and AP only

### Medical practitioner or pharmacist use only

Substances controlled under Regulation 5 of the [Customs \(Prohibited Imports\) Regulations 1956](#).

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

<b>1. Importer information</b>	
Licence holder's name (if applicable):	
Company name:	
Company address:	Postal address:
<input type="checkbox"/> Please tick if an Express envelope has been forwarded	
Import licence number (if applicable):	
<b>2. Exporter information</b>	
Overseas exporter's full name:	
Overseas exporter's address:	
<b>3. Patient details</b>	
Patient's initials:	Patient's date of birth:
Type of application:	<input type="checkbox"/> Category A - Medical practitioner's SAS notification attached <input type="checkbox"/> Yes <input type="checkbox"/> Category B - TGA approval to supply under SAS attached <input type="checkbox"/> Yes <input type="checkbox"/> Category C - Medical practitioner's SAS notification attached <input type="checkbox"/> Yes <input type="checkbox"/> Authorised Prescriber (AP) – TGA AP approval attached <input type="checkbox"/> Yes
<b>4. Substance details</b>	
Substance name: (e.g. morphine sulphate)	Trade name: (finished goods only)
Concentration/strength	Form of substance (e.g., tablets, vials):
Pack type and size:	Total number of packs in shipment:
<b>5. Declaration and consent</b>	
<p>I hereby apply to the Secretary, Department of Health and Aged Care, for a permission to import a drug in accordance with regulation 5 of the Customs (Prohibited Imports) Regulation 1956.</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 applicant:	Name:
	Date:
Position:	Email:
Direct telephone:	Mobile: