



**Australian Government**  
**Department of Health, Disability and Ageing**  
 Office of Drug Control

This form, when completed, will be classified as  
 'For official use only'.

## Application to add/remove authorised contact

Substances controlled under Regulation 5 of the [Customs \(Prohibited Imports\) Regulations 1956](#) and  
 Regulation 10 of the [Customs \(Prohibited Exports\) Regulations 1958](#)

1. Licence details	
Licence holder name:	Current <b>import</b> licence number:
Company name:	Current <b>export</b> licence number:

2. Details of authorised contact to add/remove		
	Employee's full name	Position held
Add <input type="checkbox"/>		
Remove <input type="checkbox"/>		
Add <input type="checkbox"/>		
Remove <input type="checkbox"/>		

**A scanned copy of a National Police Certificate (NPC) must be included for all new authorised contacts. The NPC must be less than 12 months old.**

3. Declaration and consent	
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> .	
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.	
Signature of licence holder:	Date:
	Position:
	Email:
Name:	Telephone:

# Schedule 1 - Personal details of proposed authorised contact

Please copy this page and complete for each proposed authorised contact as required

Proposed authorised contact's full name:	Date of birth:		
Company name:	Drivers licence number:		
Previous names (if applicable):			
Position held in company:			
Contact phone number:	Contact email:		
Current residential street address	Suburb/town	State	Postcode
Previous residential street addresses (within last 5 years)	Suburb/town	State	Postcode
<b>A scanned copy of a National Police Certificate (NPC) <u>must</u> be included for <u>all</u> new authorised contacts. The NPC <u>must</u> be less than 12 months old.</b>			

## Declaration and consent

I declare that, to the best of my knowledge, all the information provided in this schedule 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 *Criminal Code Act 1995*.

I understand that it is standard practice for the Narcotics Control Section to provide any or all of the contents of this schedule, including personal information as defined in the *Privacy Act 1988*, 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.

**Signature of proposed authorised contact:**