



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 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.(attach copy)		Import authorisation date of issue:	
3. Substance details			
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:	
ARTG / APVMA / Laboratory Use (Compulsory field for finished goods):			
4. Declaration and consent			
<p>I hereby apply to the Secretary, Department of Health, Disability and Ageing, 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:	