



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			
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.			
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 or authorised contact:		Name:	
		Date:	
		Position:	
Email:	Direct telephone:	Mobile:	