



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 import vaping goods

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

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

☐ Raw material/Parts OR ☐ Finished goods

1. Importer information	
Licence holder's name:	Import licence number:
Company name:	
Company address:	
Postal address:	
Please tick if an express envelope has been provided <input type="checkbox"/>	

2. Exporter information
Overseas exporter's full name:
Overseas exporter's address:

3. Import details	
Description of Goods:	
Trade name:	Concentration/strength of nicotine (if applicable):
Tick all that apply: Sponsor notice given to TGA: <input type="checkbox"/> ARTG Registration: <input type="checkbox"/> Research: <input type="checkbox"/>	
Notification/Registration or Instrument Number:	

4. Declaration and consent	
<p>I hereby apply to the Secretary of the Department of Health, Disability and Ageing, for a permission to import a vaping good in accordance with regulation 5A 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 Office of Drug Control 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: