



Australian Government

Department of Health, Disability and Ageing

Office of Drug Control

OFFICIAL

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

Application for permission to import narcotic and psychotropic substances

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.

☐ Raw material

OR

☐ Finished goods

1. Importer information	
Licence holder's name:	Import licence number:
Company name:	Approximate date of import:
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. 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 / SAS Sponsor / CTN (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 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 licence holder or authorised contact:	Name:
	Date:
Position:	Email:
Direct telephone:	Mobile:

GPO Box 9848 Canberra ACT 2601 ABN 83 605 426 759

Phone: 02 6289 4618 Email: NCS@health.gov.au <https://www.odc.gov.au>

OFFICIAL