

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

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.

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 *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 application, 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 licence holder or authorised contact:	Name:
	Date:
Position:	Email:
Direct telephone:	Mobile: