



Application for a licence to import - Special Access Scheme (SAS) and Authorised Prescriber (AP) only

Medical practitioner or pharmacist use only

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.

Please note: Only complete page 2 of this application if the substance to be imported is an anabolic/androgenic or growth hormone.

1. Applicant details	
Name of Medical Practitioner or Registered Pharmacist:	
Profession (one selection must be applicable and chosen): <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Pharmacist	
Date of birth:	
Medicare Provider No. or Pharmacy Registration No.: (Attach Certificate of Registration)	
2. Business information	
Company name (if applicable):	
Street address:	Postal address (if different from street address):
3. 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 applicant:	Name:
	Date:
Position:	Email:
Direct telephone:	Mobile:

Application for a permit to import drug substances – SAS and AP only

Medical practitioner or pharmacist use only

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

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1. Importer information									
Licence holder's name (if applicable):									
Company name:									
Company address:	Postal address: <input type="checkbox"/> Please tick if an Express envelope has been forwarded								
Import licence number (if applicable):									
2. Exporter information									
Overseas exporter's full name:									
Overseas exporter's address:									
3. Patient details									
Patient's initials:	Patient's date of birth:								
Type of application:	<table><tr><td><input type="checkbox"/> Category A - Medical practitioner's SAS notification attached</td><td><input type="checkbox"/> Yes</td></tr><tr><td><input type="checkbox"/> Category B - TGA approval to supply under SAS attached</td><td><input type="checkbox"/> Yes</td></tr><tr><td><input type="checkbox"/> Category C - Medical practitioner's SAS notification attached</td><td><input type="checkbox"/> Yes</td></tr><tr><td><input type="checkbox"/> Authorised Prescriber (AP) – TGA AP approval attached</td><td><input type="checkbox"/> Yes</td></tr></table>	<input type="checkbox"/> Category A - Medical practitioner's SAS notification attached	<input type="checkbox"/> Yes	<input type="checkbox"/> Category B - TGA approval to supply under SAS attached	<input type="checkbox"/> Yes	<input type="checkbox"/> Category C - Medical practitioner's SAS notification attached	<input type="checkbox"/> Yes	<input type="checkbox"/> Authorised Prescriber (AP) – TGA AP approval attached	<input type="checkbox"/> Yes
<input type="checkbox"/> Category A - Medical practitioner's SAS notification attached	<input type="checkbox"/> Yes								
<input type="checkbox"/> Category B - TGA approval to supply under SAS attached	<input type="checkbox"/> Yes								
<input type="checkbox"/> Category C - Medical practitioner's SAS notification attached	<input type="checkbox"/> Yes								
<input type="checkbox"/> Authorised Prescriber (AP) – TGA AP approval attached	<input type="checkbox"/> Yes								
4. 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:								
5. 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 applicant:	Name:								
	Date:								
Position:	Email:								
Direct telephone:	Mobile:								