



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 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.: <i>(Attach Certificate of Registration)</i> | |
| 2. Business information | |
| Company name (if applicable): | |
| Street address: | Postal address (if different from street address): |
| 3. 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 <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 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](#).

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

| | |
|---|---|
| 1. Importer information | |
| Licence holder's name (if applicable): | |
| Company name: | |
| Company address: | <i>Postal address:</i> <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: | <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 | |
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| 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> . | |
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| Signature of applicant: | Name: Date: |
| Position: | Email: |
| Direct telephone: | Mobile: |