



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 a licence to import and/or export narcotic, psychotropic and precursor substances

Substances controlled under Regulation 5 of the [Customs \(Prohibited Imports\) Regulations 1956](#) and Regulation 10 of the [Customs \(Prohibited Exports\) Regulations 1958](#).

Please note: This form can now be submitted electronically. A scanned copy of a National Police Certificate (NPC) must be included for the primary licence holder and all authorised contacts. The NPC must be less than 12 months old.

1. Application type (check one box for each type of licence)

Specify the calendar YEAR of the proposed import/export activity:
(for example: 2023)

Licence to Import: (Complete Sections 1 to 7 and Schedules 1, 2 and 3) ☐ New application ☐ Renewal

Licence to Export: (Complete Sections 1 to 7 and Schedules 1, 2 and 4) ☐ New application ☐ Renewal

2. Applicant details - Primary licence holder

Applicant's name:

Position held in company:

Mobile number:

Direct phone number:

Contact email:

3. Corporate information

Name of company/organisation:

ABN/ACN:

Primary email address (for all critical correspondence):

Company identification No.
(renewal only):

Current licence No./s
(renewal only):

Street address:

Postal address:

Copy of Australian Securities and Investment Commission (ASIC) extract attached ☐

Note the extracts must:

- have been issued within the last 30 days before the application submission date.
- show the date of registration.

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>

3. Corporate information
<ul style="list-style-type: none"> list the office holders, and show the company share structure.
Reason for import/export: <i>(detailed information must be provided i.e. for the sale, manufacture, research etc.)</i>

4. Details of Australian shipping agents or customs agents to be used		
Name	Physical address	Service provided

5. State/territory licence(s) held		
Please attach copies of relevant licences and (if required) evidence that the licence has been renewed or that the renewal is in process.		
Details of licence <i>(state/territory issued by, substances covered, substances excluded)</i>	Licence No	Expiry date

5. State/territory licence(s) held

Please attach copies of relevant licences and (if required) evidence that the licence has been renewed or that the renewal is in process.

6. Storage and security

All sections **MUST** be completed with details of your security arrangements
(include additional pages if required)

Storage address:

(If you do not take possession of any—or certain—drugs at your premises, please specify)

Date of last external security report:

Undertaken by:

Date of last inspection by State/Territory Health Department:

Undertaken by:

Description of security measures

Secure storage arrangements: (provide details of where the substances will be stored in i.e. vault/safe)

Access method to secure storage: (provide detail of access restrictions/audits to the secure storage areas outlined above)

Building security & access control: (provide detail of physical security measures undertaken at the premises i.e. external security presence/swipe access)

Transport security measures: (provide details of your logistics arrangements i.e. secure vehicles, movement reconciliation)

Details of any losses and/or thefts of licensed substances (including nil response): *(include substance name, amount, storage address, date, outcome and any security modifications. Attach extra pages if more space is required).*

7. Proposed authorised contacts

Schedule 2 must also be completed by each person added below.

Applications for permits to import or export are only accepted from the licence holder or additional persons who are confirmed as authorised contacts for a specified licence.

Use this page to specify authorised contacts associated with the licence(s) sought in this application.

Employee's full name	Position held	Office use only

8. Declaration and consent

I hereby apply to the Secretary, Department of Health, Disability and Ageing, for a licence to import a drug in accordance with regulation 5 of the *Customs (Prohibited Imports) Regulation 1956* and/or export a drug in accordance with regulation 10 of the *Customs (Prohibited Exports) Regulation 1958*.

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 of the Department of Health, Disability and Ageing 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 applicant:

Name:

Date:

Schedule 1 - Personal details of the applicant

Applicant's full name:				
Date of birth:				
Company name:				
Drivers licence No.:				
Previous names: (if applicable)				
Position held in company:				
Contact phone No.:	Contact email:			
Current residential street address:	House No. and street name	Suburb / town	State	Postcode

Previous residential street address:
(within the last 5 years)

National Police Certificate (NPC) attached:

A scanned copy of a National Police Certificate (NPC) must be included for the primary licence holder and all authorised contacts. The NPC must less than 12 months old.

Declaration and consent

I declare that to the best of my knowledge all the information provided in this schedule 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 of the Department of Health, Disability and Ageing to provide any or all of the contents of this schedule, 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 the applicant

Date:

Schedule 2 - Personal details of proposed authorised contact

(Please attach extra pages for each proposed authorised person, as required.)

Applicant's full name:				
Date of birth:				
Company name:				
Drivers licence No.:				
Previous names (if applicable):				
Position held in company:				
Contact phone No.:	Contact email:			
Current residential street address:	House No. and street name	Suburb / town	State	Postcode
Previous residential street address: (within the last 5 years)				
National Police Certificate (NPC) attached	A scanned copy of a National Police Certificate (NPC) must be included for the primary licence holder and all authorised contacts. The NPC must less than 12 months old.			

Declaration and consent

I declare that to the best of my knowledge all the information provided in this schedule 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 of the Department of Health and Aged Care to provide any or all of the contents of this schedule, 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 the
applicant**

Date:

Schedule 3 - Proposed import activity

NB: Complete this table **ONLY** if you are applying for a licence to import.

Prohibited Import (No Trade Names)	Strength/ Concentration of drug	Unit description	Number of units required annually	(Office Use Only)			
<i>e.g. Morphine sulfate</i>	<i>15mg/mL</i>	<i>10mL vial</i>	<i>50,000</i>	Conversion factor	Base Drug Quantity	S/T Licence	NDS Drug Code
<i>e.g. Oxycodone hydrochloride</i>	<i>5mg</i>	<i>tablet</i>	<i>25,000</i>				
<i>e.g. Dihydrocodeine bitartrate</i>	<i>raw material</i>	<i>kilogram</i>	<i>40</i>				

Please Note: This information assists the Narcotics Control Section (NCS) in establishing estimates for Australia's licit drug requirements as required under United Nations agreements. The information also allows the NCS to check that importers/exporters hold appropriate State/Territory Licences for drugs that they intend to import/export in the calendar year. This reduces delays when permit applications are lodged. The information provided does not authorise the import or export of any quantity of drug by a licensed importer or exporter. International quotas are a relevant consideration when issuing permits for the import/export of specific consignments.

Schedule 4 - Proposed export activity

NB: Complete this table **ONLY** if you are applying for a licence to export.

Prohibited Export (No Trade Names)	Strength/ Concentration of drug	Unit description	Number of units required annually	(Office Use Only)			
<i>e.g. Morphine sulfate</i>	<i>15mg/mL</i>	<i>10mL vial</i>	<i>50,000</i>	Conversion factor	Base Drug Quantity	S/T Licence	NDS Drug Code
<i>e.g. Oxycodone hydrochloride</i>	<i>5mg</i>	<i>tablet</i>	<i>25,000</i>				
<i>e.g. Dihydrocodeine bitartrate</i>	<i>raw material</i>	<i>kilogram</i>	<i>40</i>				

Please Note: This information assists the Narcotics Control Section (NCS) in establishing estimates for Australia's licit drug requirements as required under United Nations agreements. The information also allows the NCS to check that importers/exporters hold appropriate State/Territory Licences for drugs that they intend to import/export in the calendar year. This reduces delays when permit applications are lodged. The information provided does not authorise the import or export of any quantity of drug by a licensed importer or exporter. International quotas are a relevant consideration when issuing permits for the import/export of specific consignments.

Checklist (applicant to complete)

1. Application type

☐ Application type has been indicated.

2. Applicant details – Primary licence holder

☐ The full name of the applicant has been stated and all other relevant information included.

3. Corporate information

☐ The name of the company/organisation has been included.

☐ The ABN/ACN of the company has been included.

☐ Primary email address for all critical correspondence is included.

☐ The street address and the postal address of the business have been entered.

☐ A copy of the ASIC extract has been attached

☐ The purpose(s) for which the controlled substances are required has been clearly stated.

4. Australian shipping agents or customs agents

☐ All customs or shipping agents, addresses and service provided have been entered.

5. State/ territory licence(s) held

☐ The full name of each licence held, the licence number and the period of its validity are shown. SUSMP schedules covered and excluded on each licence are noted.

☐ Copies of current state/territory licence(s) or a letter from the State Health Department outlining an exemption are attached covering all substances listed in Schedules 2 and 3.

☐ Where required, documents which show that your state/territory licence has been renewed or that you have applied for renewal have been attached.

6. Storage and security

☐ Detailed and accurate information has been supplied where necessary.

☐ All fields in the section have been completed.

☐ An independent assessment of your security is attached.

7. Proposed authorised contacts

☐ The full name and position held for each employee who is to be specified as an authorised contact has been included.

8. Declaration and consent

☐ The applicant has signed the declaration.

☐ The total number of pages has been indicated.

Schedule 1 – Personal details of the applicant

☐ The applicant has completed and signed a copy of Schedule 1.

☐ The applicant has a completed National Police Certificate that is less than 12 months old.

Schedule 2 – Personal details of proposed authorised contact

☐ Each proposed authorised contact has completed and signed a copy of Schedule 2.

☐ Each proposed authorised contact has a completed National Police Certificate that is less than 12 months old.

Schedule 3 - Proposed import activity

☐ Full details of all prohibited imports that you propose to import have been entered with extra pages added, where necessary.

Schedule 4 - Proposed export activity

☐ Full details for all prohibited exports that you propose to export have been entered with extra pages added, where necessary.