



Application to add/remove authorised contact

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

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

1. Application type (check one box for each type of licence)			
<input type="checkbox"/> Add authorised contact (s) (complete schedule 1)		<input type="checkbox"/> Remove authorised contact(s)	

2. Licence details			
Licence holder's name:			
Establishment ID number:		Licence number:	

3. Authorised persons variation			
<p>The licence holder may nominate person(s) to sign import or export permit applications on their behalf. Applications for permits to import or export are only accepted from, or discussed with, the licence holder or persons who are confirmed as authorised persons for a specified licence.</p> <p>Use this page to specify authorised contact who may sign permit applications on behalf of the licence holder. Schedule 1 must also be completed by each person who is to be added as an authorised contact.</p>			
Add/Remove Person	Employee's full name	Position held	Office use only

4. Declaration and consent	
<p>I hereby apply to the Secretary, Department of Health for a licence to import a drug in accordance with Regulation 5 of the <i>Customs (Prohibited Imports) Regulation 1956</i> and/or export a drug in accordance with Regulation 10 of the <i>Customs (Prohibited Exports) Regulation 1958</i>.</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 Drug 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:	Name:
	Date:
Email:	Phone:
Total number of pages in this application:	

Schedule 1 - Personal details of proposed authorised contact

(Please copy this page, and have filled in, for each proposed authorised contact as required.)

Applications for permits to import or export are only accepted from, or discussed with, the licence holder or other persons who are confirmed as authorised contact for a specified licence.

Proposed authorised contact's full name:		Date of birth:	
Company name:		Drivers licence number:	
Previous names (if applicable):			
Position held in company:			
Contact phone number:		Contact email:	
Current residential street address	Suburb/town	State	Postcode
Previous residential street addresses (within last 5 years)	Suburb/town	State	Postcode
National Police Certificate attached:	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy <input type="checkbox"/> Not provided - last provided:		

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 Drug Control Section 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 proposed authorised contact:

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