



Application for permission to import antibiotics

Substances controlled under [Regulation 5A](#) 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	
Applicant's name:	
Company name:	
Company address:	
Email address : (Permits are electronic copy only)	
Importer's state/territory (S4) licence No:	Date of expiry:

2. Declaration and consent	
<p>I hereby apply to the Secretary, Department of Health, for a permission to import the drugs listed in Schedule 1 in accordance with Regulation 5A of the <i>Customs (Prohibited Imports) Regulation 1956</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 applicant or authorised contact:	Name:
	Date:
Position:	Email:
Direct telephone:	Mobile:

Schedule 1 - Antibiotics (include additional pages, if needed)

Antibiotic name (No trade names)	ARTG / CTN / APVMA No. or SAS Sponsor	End use
<i>e.g. Penicillin</i>	<i>e.g. ARTG or APVMA registration number</i>	<i>e.g. Human, veterinary</i>

Note: If you are importing antibiotics for laboratory use only, then please include “**Lab use only**” in first cell and leave the remaining cells blank.