



## Application for permission to import narcotic and psychotropic substances

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.

Raw material                      OR                       Finished goods

1. Importer information	
Licence holder's name:	Import establishment ID No.:
Company name:	Import licence number:
Approximate date of import:	Point of entry:
Company address:	
Postal address:	
Please tick if an express envelope has been provided <input type="checkbox"/>	

2. Exporter information	
Overseas exporter's full name:	Export establishment ID No. (if known)
Overseas exporter's address:	Mode of transport (sea/air):
	Approximate date of export:

3. Substance details	
Substance name: (e.g. <i>morphine sulphate</i> )	Trade name: (finished goods only)
Concentration/strength:	Form of substance (e.g. tablets, vials):
Pack type and size:	Total number of packs in shipment:
Drug code: (if known)	ARTG / CTN / APVMA No. or SAS Sponsor (finished goods only):

4. Declaration and consent	
<p>I hereby apply to the Secretary, Department of Health, 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 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 or authorised contact:	Name:
	Date:
Position:	Email:
Direct telephone:	Mobile: