



Application for permission to import precursor 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. Ephedrine HCl): | 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) | End user declaration attached (raw materials only): <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CAS No. of controlled substance (optional): | 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: |