



## Application for a licence to import - Special Access Scheme (SAS) only

### Medical practitioner or pharmacist use only

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.

**Please note:** Only complete page 2 of this application if the substance to be imported is an antibiotic, anabolic/androgenic or growth hormone.

1. Applicant details	
Name of Medical Practitioner or Registered Pharmacist:	
Profession (one selection must be applicable and chosen): <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Pharmacist	
Medicare Provider No. or Pharmacy Registration No.:	
2. Business information	
Company name (if applicable):	
Street address:	Postal address (if different from street address):
3. 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 applicant:	Name:
	Date:
Position:	Email:
Direct telephone:	Mobile:

# Application for a permit to import drug substances - Special Access Scheme (SAS) only

## Medical practitioner or pharmacist use only

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1. Importer information	
Licence holder's name (if applicable):	
Company name:	
Company address:  <input type="checkbox"/> Please tick if an Express envelope has been forwarded	Postal address:
Import establishment ID No. (if known):	Point of entry:
Import licence number (if applicable):	Approximate date of import:
2. Exporter information	
Overseas exporter's full name:	Export establishment ID No. (if known):
Overseas exporter's address:	Mode of transport (sea/air):
3. Patient details	
Patient's initials:	Patient's date of birth:
Type of application:	<input type="checkbox"/> Category A—Medical practitioner's SAS notification attached? <input type="checkbox"/> Yes <input type="checkbox"/> Category B—TGA approval to supply under SAS attached? <input type="checkbox"/> Yes
4. Substance details	
Substance name: (e.g. morphine sulphate)	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):	
5. Declaration and consent	
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Signature of applicant:	Name:
	Date:
Position:	Email:
Direct telephone:	Mobile: