



Application for a licence to import and/or export narcotic, psychotropic and precursor substances

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

Please note: This form can only be accepted by ODC if received by regular mail

1. Application type (check one box for each type of licence)

Specify the calendar YEAR of the proposed import/export activity:

(for example, 2017)

Licence to Import: (Complete Sections 1 to 7 and Schedules 1, 2 and 3) New application Renewal

Licence to Export: (Complete Sections 1 to 7 and Schedules 1, 2 and 4) New application Renewal

2. Applicant details

Applicant's name:

Position held in company:

Mobile number:

Direct phone number:

Contact email:

3. Business information

Name of company / organisation:

ABN / ACN:

Company identification No:

Current licence No/s:

Street address:

Postal address:

Reason for import/ export (for example, sale, manufacture, research):

4. Australian shipping agents or customs agents		
Name	Address	Service provided

5. State / territory licence(s) held		
Please attach copies of relevant licences and (if required) evidence that the licence has been renewed or renewal is in process.		
Details of licence (state/territory issued by, substances covered, substances excluded)	Licence No	Expiry date

6. Storage and security

All Sections must be completed (include additional pages if required)

Storage address:

(If you do not take possession of any—or certain—drugs at your premises, please specify)

Date of last security report:

Provided by:

Date of last inspection by State/
Territory Health Department:

Provided by:

Description of security measures

Secure storage (for example, vault or safe):

Access method to secure storage:

Building security & access control:

Transport security measures:

Details of any losses and/or thefts of licensed substances (*include substance name, amount, storage address, date, outcome and any security modifications*). Attach extra pages if more space is required:

7. Proposed authorised contacts

Schedule 2 must also be completed by each person added below.

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

Use this page to specify authorised contacts associated with the licence(s) sought in this application.

Employee's full name	Position held	Office use only

8. Declaration and consent

I hereby apply to the Secretary, Department of Health, for a licence to import a drug in accordance with regulation 5 of the *Customs (Prohibited Imports) Regulation 1956* and/or export a drug in accordance with regulation 10 of the *Customs (Prohibited Exports) Regulation 1958*.

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 *Criminal Code Act 1995*.

I understand that it is standard practice for the Drug Control Section of the Department of Health to provide any or all of the contents of this application, 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 applicant:

Name:

Date:

Total number of pages in this application:

Schedule 1 - Personal details of the applicant

Applicant's full name:				
Date of birth:				
Company name:				
Drivers licence No.:				
Previous names: (if applicable)				
Position held in company:				
Contact phone No.:				Contact email:
Current residential street address:	House No. and street name	Suburb / town	State	Postcode
Previous residential street address (within the last 5 years)				
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 of the Department of Health 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 the applicant	<input style="width: 300px; height: 40px;" type="text"/>	Date:	<input style="width: 150px; height: 40px;" type="text"/>
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Schedule 2 - Personal details of proposed authorised contact

(Please attach extra pages for each proposed authorised person, 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 contacts** for a specified licence.

Contact's full name				
Date of birth				
Company name				
Drivers licence No.				
Previous names (if applicable)				
Position held in company				
Contact phone No.				Contact email:
Current residential street address	House No. and street name	Suburb / town	State	Postcode
Previous residential street address (within the last 5 years)				
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 of the Department of Health 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 the applicant

Date:

Schedule 3 - Proposed Import Activity

NB: Complete this table **ONLY** if you are applying for a licence to import.

Prohibited Import (No Trade Names)	Strength/ Concentration of drug	Unit description	Number of units required annually	(Office Use Only)			
				Conversion factor	Base Drug Quantity	S/T Licence	NDS Drug Code
<i>e.g. Morphine sulfate</i>	<i>15mg/mL</i>	<i>10mL vial</i>	<i>50,000</i>				
<i>e.g. Oxycodone hydrochloride</i>	<i>5mg</i>	<i>tablet</i>	<i>25,000</i>				
<i>e.g. Dihydrocodeine bitartrate</i>	<i>raw material</i>	<i>kilogram</i>	<i>40</i>				

Please Note: This information assists the Drug Control Section (DCS) in establishing estimates for Australia's licit drug requirements as required under United Nations agreements. The information also allows the DCS to check that importers / exporters hold appropriate State / Territory Licences for drugs that they intend to import / export in the calendar year. This reduces delays when permit applications are lodged. The information provided does not authorise the import or export of any quantity of drug by a licensed importer or exporter. International quotas are a relevant consideration when issuing permits for the import / export of specific consignments.

Schedule 4 - Proposed export activity

NB: Complete this table **ONLY** if you are applying for a licence to export.

Prohibited Export (No Trade Names)	Strength/ Concentration of drug	Unit description	Number of units required annually	(Office Use Only)			
				Conversion factor	Base Drug Quantity	S/T Licence	NDS Drug Code
<i>e.g. Morphine sulfate</i>	<i>15mg/mL</i>	<i>10mL vial</i>	<i>50,000</i>				
<i>e.g. Oxycodone hydrochloride</i>	<i>5mg</i>	<i>tablet</i>	<i>25,000</i>				
<i>e.g. Dihydrocodeine bitartrate</i>	<i>raw material</i>	<i>kilogram</i>	<i>40</i>				

Please Note: This information assists the Drug Control Section (DCS) in establishing estimates for Australia’s licit drug requirements as required under United Nations agreements. The information also allows the DCS to check that importers / exporters hold appropriate State / Territory Licences for drugs that they intend to import / export in the calendar year. This reduces delays when permit applications are lodged. The information provided does not authorise the import or export of any quantity of drug by a licensed importer or exporter. International quotas are a relevant consideration when issuing permits for the import / export of specific consignments.

Checklist (applicant to complete)

1. Application type

Application type has been indicated.

2. Applicant details

The full name of the applicant has been stated and all other relevant information included.

3. Business information

The name of the company/organisation has been included.

The street address and the postal address of the business have been entered.

The purpose(s) for which the controlled substances are required has been clearly stated.

All customs or shipping agents, addresses and service provided have been entered.

4. Australian shipping agents or customs agents

All customs or shipping agents, addresses and service provided have been entered.

5. State/ territory licence(s) held

The full name of each licence held, the licence number and the period of its validity are shown. SUSMP schedules covered and excluded on each licence are noted.

Copies of current state/territory licence(s) or a letter from the State Health Department outlining an exemption are attached covering all substances listed in Schedules 2 and 3.

Where required, documents which show that your state/territory licence has been renewed or that you have applied for renewal have been attached.

6. Storage and security

Detailed and accurate information has been supplied where necessary.

All fields in the section have been completed.

An independent assessment of your security is attached (If your last security report is more than three years old or if significant changes in security have been made).

7. Proposed authorised contacts

The full name and position held for each employee who is to be specified as an authorised contact has been included.

8. Declaration and consent

The applicant has signed the declaration.

The total number of pages has been indicated.

Schedules

Schedule 1 - Applicant

The applicant has completed and signed a copy of Schedule 1.

The applicant has attached their National Police Certificate (original or certified copy).

Schedule 2 - Proposed authorised contacts

Each proposed authorised contact has completed and signed a copy of Schedule 2.

Each proposed authorised contact has an attached National Police Certificate (original or certified copy).

Schedule 3 - Proposed import activity

Full details of all prohibited imports that you propose to import have been entered with extra pages added, where necessary.

Schedule 4 - Proposed export activity

Full details for all prohibited exports that you propose to export have been entered with extra pages added, where necessary.