



Application for a licence to import vaping goods

Goods 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.

Please note: This form should be submitted electronically. A scanned copy of a National Police Certificate (NPC) must be included for the primary licence holder and all authorised contacts. The NPC must less than 12 months old.

| 1. Application type (check all that apply) | |
|---|---|
| Supply of Finished Goods <input type="checkbox"/> | For use in manufacture <input type="checkbox"/> |
| Research (complete Schedule 3) <input type="checkbox"/> | |

| 2. Applicant details - Primary licence holder | |
|---|----------------|
| Applicant's name: | |
| Position held in company: | Mobile number: |
| Direct phone number: | Contact email: |

| 3. Corporate information | |
|--|-----------------|
| Name of company/organisation: | |
| ABN/ACN: | |
| GST Registered YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Primary email address (for all critical correspondence): | |
| Street address: | Postal address: |

4. Details of Australian shipping agents or customs agents to be used

| Name | Physical address | Service provided |
|------|------------------|------------------|
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5. State/territory licence(s) or approvals held (for relevant controlled goods, including goods containing nicotine)
Please attach copies of relevant licences or approvals

| Details of licence <i>(state/territory issued by, goods covered, goods excluded)</i> | Licence No | Expiry date |
|---|------------|-------------|
| | | |
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| | | |

6. Storage and security

All sections **MUST** be completed with details of your security arrangements
(include additional pages if required)

Storage address:

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

Date of last inspection by State/
Territory Health Department (if
applicable):

Undertaken
by:

Description of security measures

Secure storage arrangements: (provide details of where the goods will be stored in i.e. vault/safe)

Access method to secure storage: (provide detail of access restrictions/audits to the secure storage areas outlined above)

Building security & access control: (provide detail of physical security measures undertaken at the premises i.e. external security presence/swipe access)

Transport security measures: (provide details of your logistics arrangements i.e. secure vehicles, movement reconciliation)

Details of any losses and/or thefts of licensed goods (including nil response): (include a description of the good/s, 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 are only accepted from 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 |
|----------------------|---------------|-----------------|
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8. Declaration and consent

I hereby apply to the Secretary of the Department of Health and Aged Care, for a licence to import a vaping good in accordance with regulation 5A of the Customs (Prohibited Imports) Regulation 1956.

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 Office of Drug Control of the Department of Health and Aged Care 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:

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) | | | | |
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| National Police Certificate (NPC) attached: | <p>A scanned copy of a National Police Certificate (NPC) must be included for the primary licence holder and all authorised contacts. The NPC must be less than 12 months old. The Office of Drug Control is now accepting NPC's from third party providers.</p> | | | |

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 Office of Drug Control of the Department of Health and Aged Care 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 2 - Personal details of proposed authorised contact

(Please attach extra pages for each proposed authorised person, as required.)

| | | | |
|---|---|----------------------|-----------------|
| 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 |
| | | | |
| National Police Certificate (NPC) attached | <p>A scanned copy of a National Police Certificate (NPC) must be included for the primary licence holder and all authorised contacts. The NPC must be less than 12 months old. The Office of Drug Control is now accepting NPC's from third party providers.</p> | | |

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 Office of Drug Control of the Department of Health and Aged Care 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 – Research Details

NB: Complete this table **ONLY** if you are applying for a licence to import for the purposes of supply or use for medical or scientific research.

Provide details of the research activity

Checklist (applicant to complete)

1. Application type

Application type has been indicated.

2. Applicant details – Primary licence holder

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

3. Corporate information

The name of the company/organisation has been included.

The ABN/ACN of the company has been included.

GST registration status

Primary email address for all critical correspondence is included.

The street address and the postal address of the business 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.

Copies of current state/territory licence(s) for goods containing nicotine.

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.

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.

Schedule 1 – Personal details of the applicant

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

The applicant has a completed National Police Certificate that is less than 12 months old.

Schedule 2 – Personal details of proposed authorised contact

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

Each proposed authorised contact has a completed National Police Certificate that is less than 12 months old.

Schedule 3 – Research Details

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