|  |  |
| --- | --- |
|  | This form, when completed, will be classified as 'For official use only'. |

# Application for permission to import vaping goods

Goods controlled under Regulation 5A of the [Customs (Prohibited Imports) Regulations 1956](https://www.legislation.gov.au/Series/F1996B03651).

To assist in the completion of this form, [guidance](https://www.odc.gov.au/resources/guidance/guidance-completing-application-permission-import-vaping-goods) is available on the [ODC](https://www.odc.gov.au/) website.

**Raw material/Parts OR  Finished goods**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Importer information | | | | | |
| **Licence holder’s name:** | | |  | **Import licence number:** |  |
| **Company name:** |  | | | | |
| **Company address:** | |  | | | |
| **Postal address:** | |  | | | |
| **Please tick if an express envelope has been provided** | | | | | |

|  |  |  |
| --- | --- | --- |
| 1. Exporter information | | |
| **Overseas exporter’s full name:** | |  |
| **Overseas exporter’s address:** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Import details | | | | |
| **Description of Goods:** |  | | | |
| **Trade name:** |  | | **Concentration/strength of nicotine (if applicable):** |  |
| **Tick all that apply: Sponsor notice given to TGA:  ARTG Registration:  Research:** | | | | |
| **Notification/Registration or Instrument Number:** | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Declaration and consent | | | | | | |
| I hereby apply to the Secretary of the Department of Health and Aged Care, for a permission 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 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 licence holder or authorised contact:** | | |  | **Name:** |  | |
| **Date:** |  | |
| **Position:** |  | | | **Email:** |  | |
| **Direct telephone:** | |  | | **Mobile:** | |  |