



Application for permission 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.

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 <input type="checkbox"/> | |

| 2. Exporter information |
|--------------------------------|
| Overseas exporter's full name: |
| Overseas exporter's address: |

| 3. Import details | |
|---|---|
| Description of Goods: | |
| Trade name: | Concentration/strength of nicotine (if applicable): |
| Tick all that apply: Sponsor notice given to TGA: <input type="checkbox"/> ARTG Registration: <input type="checkbox"/> Research: <input type="checkbox"/> | |
| Notification/Registration or Instrument Number: | |

| 4. Declaration and consent | |
|--|---------|
| <p>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.</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 Office of Drug Control 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: |