Application for Export Authorisation for Scheduled Substances

*Applications are made in accordance with:*

* [*Regulation (EC) No. 273/2004 (as amended)*](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:02004R0273-20131230&from=DE#:~:text=This%20Regulation%20establishes%20harmonised%20measures,the%20diversion%20of%20such%20substances.) *laying down the rules governing the monitoring of intra-Community trade.*
* [*Regulation (EC) No. 111/2005 (as amended)*](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32005R0111) *laying down rules for the monitoring of trade between the Community and third countries in drug precursors.*
* *Any* [*Delegated or Implementing Regulations, or otherwise (as amended*](http://www.hpra.ie/homepage/controlled-substances/precursor-chemicals/legislation)*) enacted in respect of these Regulations.*

*The rules for the implementation of the above legislation are contained in:*

* *Commission Delegated Regulation (EU) No. 2015/1011 repealing Commission Regulation (EC) No. 1277/2005.*
* *Commission Implementing Regulation (EU) No. 2015/1013.*
* *Commission Delegated Regulation (EU) No. 2016/1443 amending Regulations (EC) No. 273/2004 and 111/2005.*

*Notes:*

* *Export authorisations are required for Category 1 and Category 2 scheduled substances, and to certain countries for Category 3 and Category 4 scheduled substances.*
* *An export authorisation is required per export transaction of scheduled substances.*
* *One single export authorisation shall not cover more than two scheduled substances.*

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| **SECTION 1: EXPORTER DETAILS** |
| Name:  |       |
| Address: |       |
| Company registered address (if different): |       |
| Company registration number: |       |
| Telephone: |       |
| Email: |       |
| Date of despatch envisaged: |       |
| **SECTION 2: IMPORTER DETAILS (IMPORTER IN THE COUNTRY OF DESTINATION)** |
| Name:  |       |
| Address: |       |
| Telephone: |       |
| Email: |       |
| Import authorisation number: |       |
| **SECTION 3: OTHER OPERATOR(S)** |
| Name:  |       |
| Address: |       |
| Telephone: |       |
| Email: |       |
| **SECTION 4: CUSTOMS OFFICE WHERE CUSTOMS DECLARATION WILL BE MADE** |
| Name:  |       |
| Address: |       |
| **SECTION 5: ULTIMATE CONSIGNEE DETAILS** |
| Name:  |       |
| Address: |       |
| Telephone: |       |
| Email: |       |
| **SECTION 6: POINT OF EXIT** |
|       |
| **SECTION 7: POINT OF ENTRY INTO THE IMPORTING COUNTRY** |
|       |
| **SECTION 8: MEANS OF TRANSPORT** |
|       |
| **SECTION 9: TRANSPORT ITINERARY** |
|       |
| **SECTION 10: DETAILS OF SCHEDULED SUBSTANCES** |
| Scheduled substance:      | CN-code:       |
| Net weight:       |
| % of mixture:       |
| Invoice number:       |
| Scheduled substance:      | CN-code:       |
| Net weight:       |
| % of mixture:       |
| Invoice number:       |

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| **SECTION 11: DECLARATION** |
| Print name:      Representing:      [ ]  I have confirmed that the ultimate recipient outside the EU is appropriately authorised to receive the scheduled substance in question.In the event of the authorisation being granted, I undertake to ensure fulfilment of the obligations arising by virtue of the terms and conditions of the authorisation and declare that the above particulars are, to the best of my knowledge and belief, correct.

|  |  |
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| Signature:       | Date:        |

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**Note:**

This application should be sent by email to:

Email: controlleddrugs@hpra.ie

This application may also be sent by post to:

Controlled Drugs Section

Compliance Department

Health Products Regulatory Authority

Kevin O’Malley House

Earlsfort Centre

Earlsfort Terrace

Dublin 2

D02 XP77

Tel: + 353 1 676 4971

Fax: + 353 1 676 7836