Application for Import 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*](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:JOL_2015_162_R_0005&from=EN)
* *Commission Delegated* [*Regulation (EU) No. 2016/1443*](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R1443&from=EN) *amending Regulations (EC) No. 273/2004 and 111/2005*

*Notes:*

* *Import authorisations are required for Category 1 scheduled substances.*
* *An import authorisation is required per import transaction of scheduled substances.*
* *One single import authorisation shall not cover more than two scheduled substances.*

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| **SECTION 1: IMPORTER DETAILS**  |
| Name:  |       |
| Address: |       |
| Company registered address (if different): |       |
| Company registration number: |       |
| Telephone: |       |
| Email: |       |
| **SECTION 2: EXPORTER DETAILS**  |
| Name: |       |
| Address: |       |
| Telephone: |       |
| Email: |       |
| **SECTION 3: OTHER OPERATOR(S)** |
| Name: |       |
| Address: |       |
| Telephone: |       |
| Email: |       |
| **SECTION 4: COMPETENT AUTHORITY OF THE EXPORTING COUNTRY** |
| Name: |       |
| Address: |       |
| **SECTION 5: ULTIMATE CONSIGNEE DETAILS** |
| Name: |       |
| Address: |       |
| Telephone: |       |
| Email: |       |
| **SECTION 6: POINT OF ENTRY INTO THE COMMUNITY CUSTOMS TERRITORY** |
|       |
| **SECTION 7: METHODS/MEANS OF TRANSPORT** |
|       |
| **SECTION 8: DETAILS OF SCHEDULED SUBSTANCES** |
| Scheduled substance:      | CN-code:       |
| Net weight:       |
| % of mixture:       |
| Invoice number:       |
| Scheduled substance:      | CN-code:       |
| Net weight:       |
| % of mixture:       |
| Invoice number:       |
| **SECTION 9: DECLARATION** |
| Print name:      Representing:      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.

|  |  |
| --- | --- |
| 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