



**3. Substances** *Attach additional page if insufficient space below*

<b>Substance</b> (Provide the name of the substance as it appears in Schedule 1 of the <i>Drug Misuse and Trafficking Act 1985</i> , and if not in this Schedule, as it appears in the NSW Poisons List. For analogues of substances in Schedule 1, and derivatives of substances in Schedules 8 or 9, include the name of the listed substance as it appears in the Schedule)	<b>Form</b> (e.g. powder, vial, tablet)	<b>Strength</b> (or concentration if in liquid form)	<b>Quantity</b> (Maximum quantity to be held at any one time. For proprietary products, enter multiples of pack sizes available.)
1.			
2.			
3.			
4.			
5.			

**4. Authorised Supplier(s) of the Substances** *Attach additional page if insufficient space below*

<b>Name</b>	<b>Address</b> (street, suburb/town, and postcode)
1.	
2.	
3.	

**5. Storage, Record Keeping and Destruction in accordance with the Poisons and Therapeutic Goods Regulation**

I understand that the substances are to be stored apart from all other goods in a safe securely attached to a part of the premises, kept securely locked when not in immediate use, and accessed only by authorised persons  
 Yes

I understand that a record of the movement of the substances is to be kept in the form of a drug register that contains consecutively numbered pages, and that is so bound that the pages cannot be removed or replaced without trace, and that contains provision on each page for the inclusion of the particulars required to be entered in the book. Separate pages of the register must be used for each drug of addiction, and for each form and strength of the drug  
 Yes

I understand that the substances may not be wilfully destroyed or allowed to be destroyed otherwise than by or under the direct personal supervision of a police officer or an inspector or by or under the direct personal supervision of a person authorised  
 Yes

**6. Persons with Access** *Attach additional page if insufficient space below*

<b>Name</b>	<b>Position</b>
1.	
2.	
3.	
4.	
5.	

<b>7. Period of Authorisation</b>
<b>Requested authorisation start date:</b>
<b>Requested authorisation end date:</b> If end date unknown, indicate period of authorisation required, e.g., 6 months
<b>8. Declaration by Applicant</b>
In submitting this form, I affirm that the information I have supplied is, to the best of my knowledge, true and accurate <input type="checkbox"/> Yes
I confirm that I and all other persons who will have access to the substances have never been convicted of a criminal offence <input type="checkbox"/> Yes
A cover letter signed and dated by the applicant has been included <input type="checkbox"/> Yes <b>Date:</b>
<i>Eligible applications are generally processed within 10 business days of receiving all required information. Further information in support of the application may be requested. For assistance contact Pharmaceutical Services during business hours on (02) 9391 9944. Email completed form together with cover letter and other required documents to: <a href="mailto:pharmserv@doh.health.nsw.gov.au">pharmserv@doh.health.nsw.gov.au</a></i>