

Application for a Licence to Deal in Controlled Drugs

Forward completed application to:

Licensing Co-ordinator
Medicines Control, PO Box 5013, WELLINGTON 6145
Telephone (04) 496 2444 Fax (04) 496 2343

Pursuant to regulation 3 of the Misuse of Drugs Regulations 1977, I hereby apply for a Licence to Deal in the Controlled Drugs indicated on page 3, for:

<i>THE BODY CORPORATE (as below)</i>
Name and postal address of body corporate:

OR

<i>MYSELF (as below)</i>
Name and postal address of individual applicant:

Street address of applicant's premises to which the licence is to apply:

Distributor's name and address (if other than applicant):

The licence is required to allow controlled drugs to be:

- Supplied
- Used in Manufacture
- Administered
- Manufactured

For Manufacture: Please provide the names, strengths and quantities of controlled drugs to be manufactured during the proposed licensing period (on a separate sheet if required)

Nature of business and if supply is included, who the controlled drugs are to be supplied to:

RESPONSIBLE PERSONS

Details of persons nominated to be responsible persons:

Name	Date of birth	Job title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT DETAILS

Current/previous licence number: _____ **Expiry Date:** _____
(if applicable)

Name: _____

Job title: _____

Telephone number: _____

Fax number: _____

Email: _____

Signature: _____ **Date:** _____

Schedule to Application for Licence to Deal in Controlled Drugs

CONTROLLED DRUGS APPLICANT PROPOSES TO DEAL IN:-

Class A

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> cocaine hydrochloride | <input type="checkbox"/> heroin | <input type="checkbox"/> methamphetamine |
|--|---------------------------------|--|

Class B, Part I

- | | | |
|--|--|--|
| <input type="checkbox"/> amphetamine | <input type="checkbox"/> dexamphetamine sulphate | <input type="checkbox"/> gamma butyrolactone (GBL) |
| <input type="checkbox"/> gamma hydroxybutyrate (GHB) | <input type="checkbox"/> morphine hydrochloride | <input type="checkbox"/> morphine sulphate |
| <input type="checkbox"/> morphine tartrate | <input type="checkbox"/> opium | |
| <input type="checkbox"/> tetrahydrocannabinols (THC) <i>(except when contained in a Class C controlled drug)</i> | | |
| <input type="checkbox"/> 2-methylamino-1-(3,4methylenedioxyphenyl) propane (MDMA) | | |

Class B, Part II

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> methylphenidate hydrochloride | <input type="checkbox"/> ephedrine | <input type="checkbox"/> pseudoephedrine |
|--|------------------------------------|--|

Class B, Part III

- | | | |
|---|--|--|
| <input type="checkbox"/> alfentanil hydrochloride | <input type="checkbox"/> diphenoxylate | <input type="checkbox"/> fentanyl citrate |
| <input type="checkbox"/> methadone hydrochloride | <input type="checkbox"/> oxycodone hydrochloride | <input type="checkbox"/> pethidine hydrochloride |
| <input type="checkbox"/> remifentanil hydrochloride | | |

Class C, Part I

- | | | |
|---|---|--|
| <input type="checkbox"/> cannabis (fruit, plant, seeds) | <input type="checkbox"/> benzylpiperazine (BZP) | <input type="checkbox"/> trifluoromethylphenylpiperazine (TFMPP) |
|---|---|--|

Class C, Part II

- | | | |
|--|--|--|
| <input type="checkbox"/> codeine phosphate | <input type="checkbox"/> dextropropoxyphene napsylate/hydrochloride
<small>(not being a Class C, Part V drug)</small> | |
| <input type="checkbox"/> dihydrocodeine bitartrate | | |

Class C, Part III

- | |
|-------------------------------------|
| <input type="checkbox"/> pholcodine |
|-------------------------------------|

Class C, Part IV

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> buprenorphine hydrochloride | <input type="checkbox"/> pentobarbital/sodium | <input type="checkbox"/> ketamine |
|--|---|-----------------------------------|

Class C, Part V

- | | | |
|--|--|--|
| <input type="checkbox"/> alprazolam | <input type="checkbox"/> barbital | <input type="checkbox"/> chlordiazepoxide hydrochloride |
| <input type="checkbox"/> clobazam | <input type="checkbox"/> clonazepam | <input type="checkbox"/> dextropropoxyphene preparations
<small>(as described in Class C, Part V)</small> |
| <input type="checkbox"/> diazepam | <input type="checkbox"/> flunitrazepam | <input type="checkbox"/> lorazepam |
| <input type="checkbox"/> lormetazepam | <input type="checkbox"/> midazolam hydrochloride | <input type="checkbox"/> midazolam maleate |
| <input type="checkbox"/> nitrazepam | <input type="checkbox"/> oxazepam | <input type="checkbox"/> phenobarbital/sodium |
| <input type="checkbox"/> phentermine/hydrochloride | <input type="checkbox"/> temazepam | <input type="checkbox"/> triazolam |

Other controlled drugs not listed above:

Appendix I

Applications from Research, Testing and Teaching Organisations

Physical address where CD safe is located:

Room No.	
Building No.	
Department	
Faculty	
Teaching Institution	

Name of the Code of Practice the institution works under:

How are the medicines and/or controlled drugs to be used?

Where are the medicines and/or controlled drugs purchased from?

Does the applicant import controlled drugs? Yes/ No

If yes, does the applicant obtain import permits? Yes/ No

What form of recordkeeping is kept on site? i.e. controlled drug register

If live animals are involved, what is the name of the veterinarian in charge or to whom the responsible persons work under the direction of?
