

# Department of Health

PHARMACEUTICAL SERVICES BRANCH

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Tasmanian  
Government

## Application for Permit to Purchase a Schedule 2, 3 or 4 Substance for Industrial, Educational, Advisory or Research Purposes

*Poisons Act 1971*

Regulation 6 of the *Poisons Regulations 2018*

### Licence Information

Regulation 6 of the Tasmanian *Poisons Regulations 2018* allows the Minister or delegate to issue a permit authorising the purchase of Schedule 2, 3 or 4 substances, subject to specified conditions, for use for industrial, educational, advisory or research purposes.

To obtain or renew a permit under Regulation 6 this application form must be completed and returned to Pharmaceutical Services Branch. A fee for this permit is also payable. If you require an invoice, please contact the Branch. Please provide evidence of payment along with your completed application.

Before issuing a permit the Department of Health may make any enquiries necessary to establish the bona fides of the applicant and to ascertain if they are a fit and proper person to hold a permit.

Permits are generally issued for a period of between one and three years. The permit-holder is responsible for making an application for renewal prior to permit expiry if required.

The *Poisons Act 1971* and *Poisons Regulations 2018* are accessible from [www.thelaw.tas.gov.au](http://www.thelaw.tas.gov.au)

The latest *Poisons Standard (the SUSMP)* is available from the Commonwealth Therapeutic Goods Administration webpage [www.tga.gov.au](http://www.tga.gov.au)

### Privacy Statement

The Department of Health provides this form so that you may apply for a permit. The information and documents collected for the purpose of this application may be accessible by authorised departmental persons. The department will not disclose your personal information or supporting documents to third parties without your consent unless required or authorised by law.

### Responsible Officer Details:

Please note the responsible officer should be the person responsible for compliance with the provisions of the *Poisons Act 1971*, *Poisons Regulations 2018* and permit conditions.

**Full legal name:**

**Date of birth:**

**Position within the organisation:**

I have attached a certified copy of photo identification.

List of persons who may certify copies is available at: [www.justice.tas.gov.au/commissionersfordeclarations/list\\_of\\_groups](http://www.justice.tas.gov.au/commissionersfordeclarations/list_of_groups)

**Please detail the responsible officer's qualifications and / or experience which make them suitable to hold such a permit:**

Organisation Details	
Organisation name:	
Premises address:	
Postal address:	
ABN:	
Telephone:	
Email address:	

**Schedule 2, 3 or 4 Substance Details \***

**Please select the best description of the general purpose the requested substances are required for:**  
 Industrial  Educational  Advisory  Research

**Please detail the Schedule 2, 3 or 4 substance(s) you are requesting be included on a permit (or provide a list as an Appendix to this application):**  
 Schedule 2, 3 or 4 substances (excluding declared restricted substances) as required by the organisation; **OR**  
 Specific Schedule 2, 3 or 4 substance(s). **Please list specific substance names below:**

**Please provide a brief description of the purpose for each requested substance:**

**Would the requested substance(s) be administered to:**  
**Humans**  Yes  No  
**Animals**  Yes  No

**Please detail all site locations and addresses at which the requested substance(s) will be stored and / or used (please indicate if any off-site studies occur):**

\* Please note that during assessment of this application you may be contacted by the assessing delegate to provide supplementary information including but not limited to:

- Copies of research ethics approvals.
- Details of quantities required.
- Copies of Standard Operating Procedures.
- Storage and security details.
- Criminal History Checks.

**Previous Permits**

If you or the organisation you represent have held a permit under Regulation 6 in the past, please list the permit reference number(s):

**Declaration**

I hereby apply for a permit under Regulation 6 of the *Poisons Regulations 2018* to purchase a Schedule 2, 3 or 4 substance for industrial, educational, advisory or research purposes, and agree to abide by the *Poisons Act 1971*, *Poisons Regulations 2018* and the conditions of the permit.

In making this application I confirm the compliance of the business / institution with the following:

- The *Work Health and Safety Act 2012*, as amended;
- The *Work Health and Safety Regulations 2012*, as amended; and
- The *Environmental Management and Pollution Control Act 1994* and subordinate legislation, as amended.

I declare the statements made in this application are true and correct.

**Applicant full name:**

**Applicant signature:**

**Date:**