

## Application for a Licence to Manufacture Restricted Drugs

(please refer to the **Fact Sheet** at the back of this form when completing this application)

Are you:  a sole trader or in business partnership? Complete section 1 then go to section 3  
 an incorporated company? Go to section 2.

Licence no: **POI - Z**

Receipt no:

Client no:

### 1. Applicant details

#### Individual / Partner 1

Given names <i>(do not abbreviate)</i>		Surname <i>(include maiden name if married)</i>	
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The licence will be issued in the name(s) recorded above

Date of birth		Birthplace	
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Residential address			
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Telephone		Mobile	
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Private postal address <i>(for all correspondence)</i>			
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#### Partner 2

Given names <i>(do not abbreviate)</i>		Surname <i>(include maiden name if married)</i>	
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If more than two partners, please attach required details for each partner. The licence will be issued in the name(s) of all partners.

Date of birth		Birthplace	
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Residential address			
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Telephone		Mobile	
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Private postal address <i>(for all correspondence)</i>			
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### 2. Corporate applicant

Company name			
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Australian company number (ACN)			
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Website address			
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The licence will be issued in the name recorded above

#### Director 1

Given names <i>(do not abbreviate)</i>		Surname <i>(include maiden name if married)</i>	
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Date of birth		Birthplace	
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Residential address			
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Telephone		Mobile	
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<b>Director 2</b>			
Given names <i>(Do not abbreviate)</i>		Surname <i>(include maiden name if married)</i>	
Date of birth		Birthplace	
Residential Address			
Telephone		Mobile	
<b>3. Business Address</b>			
Business name			
Street address			
Postal address			
Contact person			
Telephone <i>(not mobile)</i>		Fax	
E-mail address			
<b>4. Storage premises of drugs / poisons</b>			
Business name			
Street address <i>(include shed/unit no)</i>			
Telephone <i>(not mobile)</i>			
<b>5. Disclosure</b>			
Has the applicant(s):			
• been convicted of an indictable offence? <i>Note: Drink driving and minor traffic offences are not indictable offences.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• been convicted of an offence against the <i>Health Act 1937</i> or a corresponding interstate law?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• held a licence under the <i>Health (Drugs and Poisons) Regulation 1996</i> that was suspended or cancelled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If YES, please attach documentation that provides details of the offence, the nature of the offence and the circumstances of its commission. Applicants are advised that in order to ensure the requirements of section 15 of the Health (Drugs and Poisons) Regulation 1996 are met, Queensland Health may in certain circumstances, provide the information contained in this application to relevant external agencies.</i>			
<b>6. Payment of fees</b>			
Prescribed Fee	<b>\$562.50</b>	▶ Refunds: See <i>Fact Sheet</i>	<input type="checkbox"/> Tick if receipt required
<input checked="" type="checkbox"/> 1 box only <input type="checkbox"/> Cheque or Money Order enclosed <i>(payable to Queensland Health)</i> <input type="checkbox"/> Payment by Credit Card <i>(see last page)</i>			
<b>Note:</b> This is a GST free item. Queensland Health ABN 66 329 169 412			



## 9. Supervisor Details

This section should be completed by an authorised person only

1. Applicants for licences to manufacture *Schedule 4* drugs must provide particulars concerning the identity and qualifications/experience of all persons who will personally supervise the manufacture of the substances. If more than three supervisors, please attach required details for each supervisor.
2. This application must be supported by documentation evidencing the experience and qualifications of each nominated supervisor (eg. degree parchment, training certificate, resume, referral letter).
3. Each page of any photocopied official documents that are submitted in support of this application **must bear the certification and original signature of an authorised Identifier** ie. Justice of the Peace, Commissioner for Declarations, doctor, police officer, solicitor or an officer from one of Queensland Health's Public Health Units (PHU). PHU contact details are located at [www.health.qld.gov.au/cho](http://www.health.qld.gov.au/cho). Queensland Health cannot accept documents that bear a photocopied or facsimile (fax) copy of the certification or signature.
4. Information regarding minimum qualifications and/or experience necessary to supervise the manufacture of restricted drugs is provided at the end of this application package.

Supervisor 1		Supervisor 2		Supervisor 3	
Given names		Given names		Given names	
Surname		Surname		Surname	
Date of birth		Date of birth		Date of birth	
Birthplace		Birthplace		Birthplace	
Residential address		Residential address		Residential address	
Telephone		Telephone		Telephone	
Mobile		Mobile		Mobile	
Private postal address		Private postal address		Private postal address	
Qualifications		Qualifications		Qualifications	
Description		Description		Description	
Institution		Institution		Institution	
Year completed		Year completed		Year completed	

Experience	Experience	Experience
Description	Description	Description

### Credit card payments

- This page should only be completed if payment is being made by Mastercard, Bankcard or Visa card.
- *American Express* is NOT available.
- Please ensure that this page is returned with the application only if paying by this method. Do not return this page if payment is being made by cheque or money order.

Name of applicant

Prescribed fee  \$

*Amount at section 6*

- 1 box only
- MasterCard
- Bankcard
- Visa Card

Card no

Expiry date  /

Name on card

*(please print)*

*Signature* of cardholder  Date

## Application guide for a Licence to Manufacture Restricted Drugs

1. This information has been prepared to assist you in applying for a *Licence to Manufacture Restricted Drugs*. Following this advice will enable timely consideration of your application.
2. When you complete the form, please print clearly and answer all questions in full.
3. Applications are processed only when all the information requested is provided. You will be notified by mail if the licence is granted.
4. All forms requiring a signature must bear the original signature in ink. **Queensland Health is not able to accept a photocopy, facsimile (fax) or emailed copy of the completed form. Applications must be forwarded by POST to the address provided below.**

## How to Complete an Application

Please cross  each checkbox below as you complete the application form to ensure that you have provided the necessary particulars.

### Question 1

- Sole Trader*: Names are to be advised in full and exactly as they appear on each applicant's birth certificate. If you have ever been known by any other name, attach any copies of documentation that provides for formal changes of name ie. deed poll, marriage certificate etc.
- Business Partnerships*: Advise the details of *all* partners in the business. Names are to be advised *in full* and exactly as they appear on each person's birth certificate. If either person has ever been known by any other name, attach any copies of documentation that provides for formal changes of name ie. deed poll, marriage certificate etc.

### Question 2

- Incorporated Companies*: Provide the name that appears on the *Certificate of Incorporation* issued by the Australian Securities and Investment Commission (ASIC). Attach a copy of the document to the application only if you have not previously done so.
- Provide the Australian Company Number (ACN) as it appears on the *Certificate of Incorporation*.
- Details of at least one (1) director are provided.

### Question 3

- Attach a copy of the *Business Names Extract* issued under the *Business Names Act 1962*.
- Advise the name and telephone number of the person responsible for licence processing.

### Question 4

- This information refers to the physical premises located in Queensland from where scheduled drugs and poisons are intended to be manufactured. Do not advise a post box address or a mobile telephone number.

### Question 5

If you have answered YES at any checkbox, attach copies of the following documents –

- Certificate of conviction / court or tribunal order / police records search.
- ASIC order preventing individual from managing a corporation.

### Question 6

- Payment of the prescribed fee is attached. Payment can be made by cheque or money order made payable to Queensland Health. Credit card transaction is also acceptable using MasterCard, Bankcard or Visa Card only. American Express cannot be processed.

### Question 7

- The form is signed and dated by all persons named at either section 1 or 2.

### Question 8

- Please list the restricted drugs that you will be manufacturing

### Question 9

Refer to attached information regarding minimum qualifications and/or experience necessary to supervise the manufacture of controlled and/or restricted drugs; and/or poisons.

- All details for each supervisor are provided.  
 Certified copies of all evidentiary documentation are attached.

### Credit card payments

Use this sheet only if payment is being made by this method. Do not return this page if payment is being made by cheque or money order.

- The card no. is accurate and legible <sup>1</sup>. Do not overwrite any digits.  
 The expiry date is completed and the card has not lapsed <sup>1</sup>. Do not overwrite any digits.  
 The cardholder has signed and dated the form.

<sup>1</sup> If an error is made, cross through the digit using a single line, write the correct digit above and initial the change.

### General information

1. It is unlawful for a person, business partnership or incorporated company to possess, manufacture or sell *Schedule 4* drugs in Queensland unless that person, business partnership or incorporated company is the holder of a current *Licence to Manufacture Restricted Drugs* issued by Queensland Health, in respect of the premise(s) located in Queensland from where those substances are being manufactured or are intended to be manufactured.
2. A person, business partnership or incorporated company must lodge a separate application and correct payment of the prescribed fee for each premise located in Queensland where *Schedule 4* drugs are being manufactured or are intended to be manufactured.

### 3. Refunds

Queensland Health can only provide a refund if:

- (a) the application is refused by the Chief Executive; or
- (b) the application is withdrawn prior to a decision being made.

4. Further information, as it applies to medicines and poisons, may be available from Queensland Health's Drugs & Poisons Policy & Regulation website at [www.health.qld.gov.au/ph/ehu/drugs\\_poisons.asp](http://www.health.qld.gov.au/ph/ehu/drugs_poisons.asp).

### The application must be returned to –

Senior Licensing Officer  
Drugs & Poisons Policy & Regulation Unit  
Environmental Health Branch  
PO Box 2368  
FORTITUDE VALLEY Q 4006  
Tel: (07) 3328 9310

**Do not return this fact sheet with the application**

## Minimum Qualifications and/or Experience Necessary to Supervise the Manufacture of Controlled and/or Restricted Drugs; and/or Poisons under the *Health (Drugs and Poisons) Regulation 1996*

This information has been prepared to assist with completing the following;

- Application for a Licence to Manufacture Controlled Drugs (CDM)
- Application for a Licence to Manufacture Restricted Drugs (RDM)
- Application for a Licence to Manufacture Poisons (PM)

Each application requires that particulars concerning the identity and qualifications and/or experience of all persons who will personally supervise the manufacture of the substances be provided. The information contained in this fact sheet aims to provide a benchmark for the minimum qualifications and/or experience necessary.

### Controlled Drugs and/or Restricted Drugs

Sections 42 and 136 of the *Health (Drugs and Poisons) Regulation 1996* require that the manufacture of controlled drugs and/or restricted drugs be supervised at all times by a person who 'has the **qualifications and experience** necessary to effectively supervise the manufacture.'

The person nominated to personally supervise the manufacturing of controlled drugs and/or restricted drugs under a 'CDM' licence and a 'RDM' licence respectively, shall hold the following minimum qualifications:-

- (1) B Pharm; or  
(2) B App Sc - Chemistry; Bio Chemistry; Med Lab Tech; or  
(3) B Sc - Chemistry; Bio Chemistry; Microbiology; or  
(4) Associate Diploma in Applied Chemistry; or  
(5) Certificate in Chemistry, (from a recognised tertiary institution).
- Appropriate experience in the manufacturing field for which the licence is requested. Preferably, the person should have attended a course in Quality Management, conducted by the National Association of Testing Authorities (NATA).
- The applicant will have both a formal tertiary qualification, as detailed in a., together with relevant experience, as listed in b., and be interviewed and assessed prior to approval/licensing.
- Where the applicant does not meet the criteria required in c. but has had experience in Good Manufacturing Practices acceptable to the Therapeutic Goods Administration (TGA), then their application will be individually assessed for approval (TGA contact details can be obtained from their website at [www.tga.gov.au](http://www.tga.gov.au)).
- OR** the person shall hold qualifications/experience to the satisfaction of the Chief Executive, Queensland Health.

*NOTE: Applications may be viewed on a case-by-case basis to ensure that the applicant is not disadvantaged.*

### Poisons

Section 225 of the *Health (Drugs and Poisons) Regulation 1996* requires that the manufacture of poisons be supervised at all times by a person who 'has the **qualifications and experience** necessary to effectively supervise the manufacture.'

The person nominated to personally supervise the manufacturing of poisons under a "PM" licence shall hold qualifications to the satisfaction of the Chief Executive, Queensland Health.