



**Australian  
BORDER FORCE**

IN-CONFIDENCE ONCE COMPLETED

## APPLICATION FOR APPROVAL TO IMPORT TABLET PRESSES AND ENCAPSULATORS

Tablet presses and encapsulators, including equipment that is incomplete, damaged, temporarily or permanently inoperable or unfinished, are controlled under Regulation 4G of the *Customs (Prohibited Imports) Regulations 1956* (Import Regulations).

The Department of Home Affairs (the Department) is collecting information on this form in order to process your application to import goods controlled under Regulation 4G of the Import Regulations. In line with form 1442i *Privacy notice*, in the course of processing your application, the Department may disclose the information contained on this form and in supporting documents to relevant Commonwealth and/or State and Territory bodies in order to make an informed decision on your application.

Please open this form using Adobe Acrobat Reader. Either type in the fields provided or print this form and complete it using a pen and BLOCK LETTERS.

### 1. APPLICANT BUSINESS INFORMATION

Company name		Company ABN / ACN / CCID	
Trading or business name			
Street address		Postal address	
Business website address			
What is your role in importing the goods?      Agent <input type="checkbox"/> End user <input type="checkbox"/>			

### 2. BUSINESS DETAILS OF AUTHORISED APPLICANT

Applicant name	
Position held in company (should be a high level management position)	
Business phone number	Email

### 3. PERSONAL DETAILS OF AUTHORISED APPLICANT

Full name		Date of birth	
		/ /	
Drivers licence number and state / territory of issue			
Contact phone number		Email	
Current residential street address		Suburb/Town	State      Postcode
All previous residential street address (within last 5 years)		Suburb/Town	State      Postcode

### 4. CRIMINAL RECORD OF APPLICANT

If you do not have a criminal record, please record "nil" below. If you have been convicted of a crime in the last 10 years please complete the below table. (Note: you are not required to reveal convictions that were quashed, pardoned or spent under relevant Commonwealth, State or Territory law that provide that disclosure is not compellable.) *Please attach a separate sheet if you require more space.*

Crimes	Date of conviction	State of conviction	Sentence / penalty
	/ /		
	/ /		

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**5. END USER DETAILS**

Company name	Company ABN / ACN / CCID
Website address	Membership of peak industry organisations

What relevant licenses, certificates or credentials does the end user hold?  
 TGA     APVMA     Other     None     *Please attach copies.*

Description of goods, tablet press(es) and encapsulator(s) already possessed

Quantity	Detailed description of goods including specification of size and construction material	Manufacturer	Capacity	Serial / Model number	Import Permit granted
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Has the end user ever been refused permission to import a tablet press(es) and/or encapsulator(s) or incomplete equipment?    Yes     No

**6. PURPOSE FOR IMPORTATION**

Reason for importing tablet presses or encapsulators  
 Pharmaceutical/Therapeutic     Mining     Research/Education     Other  If other, please describe

Single or multiple shipments: *(tick one box)*    Single     Multiple

Description of goods, tablet press(es) and encapsulator(s) to be imported

Quantity	Detailed description of goods including specification of size and construction material	Manufacturer	Capacity	Serial / Model number

Permanent address/location of the goods once imported into Australia

Describe the physical security in place at this location

**7. DECLARATION AND CONSENT**

I hereby apply for permission to import (a) tablet press(es) and/or encapsulator(s), including equipment that is incomplete, damaged, temporarily or permanently inoperable or unfinished, in accordance with Regulation 4G of the Import Regulations.

- By signing this form, I declare that:
- the information supplied on or with this form is complete, truthful and correct in every detail.
  - I am aware that giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.
  - I authorise the Australian Government to make any enquiries necessary to assess my permission to import application under Regulation 4G of the Import Regulations, and to use any information supplied in this application for that purpose.
  - I have read the information contained in form 1442i *Privacy notice*.
  - I understand the Department may collect, use and disclose my personal information (including sensitive information) as outlined in form 1442i *Privacy notice*.

Signature of authorised applicant

Printed full name	Date /            / 20
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**AUSTRALIAN BORDER FORCE USE ONLY**

Date received /            / 20	Reference number
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**Please email the completed form to: [substitutepermits@abf.gov.au](mailto:substitutepermits@abf.gov.au)**