



**Australian Government**  
**Australian Customs and  
 Border Protection Service**

# APPLICATION FOR APPROVAL TO IMPORT TABLET PRESSES

Tablet presses are controlled under Regulation 4G of the  
*Customs (Prohibited Imports) Regulations 1956.*

The Australian Customs and Border Protection Service is collecting the information on this form in order to process your application to import tablet presses under Regulation 4G of the *Customs (Prohibited Imports) Regulations 1956*. This notice is to advise that, in the course of processing your application, Customs and Border Protection may disclose some of the information contained on the application form and supporting documentation to relevant Commonwealth, State and Territory bodies.

## 1. BUSINESS INFORMATION

Company name:	
Trading or business name:	
Industry engaged in:	
ABN / ACN:	
Street Address:	Postal Address:
_____	_____
_____	_____
Business website address:	

## 2. AUTHORISED APPLICANT DETAILS (Please provide further details on page 2)

Applicant Name:	
Position held in company (should be a high level management position):	Fax Number:
Contact phone number: (    )	Email:

## 3. PURPOSE FOR IMPORTATION

Please outline reason/s for importing tablet press(es):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimate number of tablet presses to be imported over 12 months:

\_\_\_\_\_

Type of tablet presses to be imported (eg manufacturer, model, capacity):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent location of tablet presses once imported to Australia:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. BACKGROUND INFORMATION**

IN-CONFIDENCE ONCE COMPLETED

Membership of peak industry organisations:	Existing Licences held (eg, TGA, APVMA):

Number and type of tablet presses already possessed by business (eg, manufacturer, model, capacity):


**5. 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:
Previous residential street address (within last 5 years):	Suburb / Town:	State:	Postcode:

**CRIMINAL RECORD**

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.)

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

**6. DECLARATION AND CONSENT**

I hereby apply for a permission to import tablet press(es) in accordance with Regulation 4G of the *Customs (Prohibited Imports) Regulations 1956*. I declare to the best of my knowledge all the information in this application is true, correct and complete. I am aware that giving false or misleading information is a serious offence under the *Commonwealth Criminal Code Act 1995*.

Signature of authorised applicant:	
Printed full name:	Date:
	/ / 20

**CUSTOMS AND BORDER PROTECTION USE ONLY**

Date Received:	Reference Number:
/ / 20	

Return completed form to: **Australian Customs and Border Protection Service**  
**Community Protection**  
**5 Constitution Avenue**  
**Canberra City A.C.T 2601**