

**END USER LICENCE APPLICATION FORM FOR NARCOTICS AND/OR PSYCHOTROPIC
SUBSTANCES FOR PROFESSIONAL/EDUCATIONAL PURPOSES
(KEEPING A DRUGS CASE - POLICE/CUSTOMS OFFICIALS)**

Pursuant to art. 11 of the royal decree of 26.09.2017 regulating narcotics and/or psychotropic substances

RENEWAL	MODIFICATION	OF LICENCE NUMBER:
NEW APPLICATION		
1. IDENTIFICATION OF THE APPLICANT		
Details of the authority for which the applicant works:		
Name authority (e.g. police district or customs division):		
Address:		
Telephone:		
Personal details of the applicant: (person who will keep the drugs case in reality. The licence is personal and a delegation to a third person is NOT possible)		
Full name:		
First name:		
Title/rank:		
Place of residence* (only if the substances will be located there temporarily):		
National registry number:		
Telephone:		
E-mail (professional):		
Signature:		
Storage location (indicate as appropriate):		
<input type="checkbox"/> administrative headquarters of the authority (address as above)		
<input type="checkbox"/> place of residence*		
<input type="checkbox"/> other concrete workplace, namely:		
Address:		
Telephone:		

2. ACTIVITIES	
<input type="checkbox"/> Possession <input type="checkbox"/> Procurement (is also being handed over) <input type="checkbox"/> Transport (if any movements are made with the substances)	
3. SUBSTANCES and USAGE (for an overview, refer to the Excel sheet on the FAMHP's website)	
SUBSTANCES	
Officials of police/customs can come into contact on a professional basis with potentially all scheduled substances, so this application is for ALL substances scheduled in annex I, II; III and IV of the royal decree mentioned above.	
REASON for the licence application (indicate as appropriate):	
<input type="checkbox"/> Possession of a drugs case for didactic purposes <input type="checkbox"/> Possession of a drugs case for the training of a detector dog <input type="checkbox"/> Other reason, namely:	
4. SIGNED by the Chief of Police or the director for agreement with the contents of this fully completed form	
Full name:	
Position:	
Signature:	Date:

Practical information

- Return the fully completed and signed application form together with the aforementioned documents:

1. **BY REGISTERED POST**, only if the original form has been signed (no copy or scan) to:

Federal Agency for Medicines and Health Products
 DG Inspection – Authorisations Division - Narcotics team
 Avenue Galilée 5/03
 1210 BRUSSELS

2. **BY (professional) EMAIL**, only if the form has been provided with ALL the necessary advanced electronic signatures (via electronic ID card!) and AFTER it has been fully completed, to: narcotics@fagg-afmps.be

The signature can be added by double-clicking on the signature field. After adding the signatures, the form may no longer be changed. So please fully complete the form before adding the signatures. If the form is changed, all signatures will have to be added again.

IMPORTANT:

Applications that are not completed correctly, in full and with due care may be inadmissible.