



Application for a Licence as a Wholesale Representative

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

Licence no: **POI-P**

Receipt no:

Client no:

1. Applicant details

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 recorded above

Date of birth		Birthplace	Town	
			Country	

The licence certificate must be in the possession of the person to whom it is issued at all times. Please ensure that only your private residential and postal addresses are stated below. Do not use your employer's addresses.

Residential address			
Telephone		Mobile	
Private postal address <i>(for all correspondence)</i>			
E-mail address		Fax	

2. Storage premises for samples

Business name <i>(include name of building, if applicable)</i>	
Street address <i>(include shed/unit no)</i>	
Telephone <i>(not mobile)</i>	

3. Payment of fees

Prescribed fee	\$72.00	▶ 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>		

Note: This is a GST free item. Queensland Health ABN 66 329 169 412

4. Disclosure

Have you:

- been convicted of an indictable offence?
(Drink driving and minor traffic offences are not indictable offences) Yes No
- been convicted of an offence against the *Health Act 1937* or the *Health (Drugs and Poisons) Regulation 1996* or a repealed provision or a corresponding law? Yes No
- held an licence granted under the *Health (Drugs and Poisons) Regulation 1996* or a repealed provision or a corresponding law that was suspended or cancelled? Yes No
- ever been refused a licence under the *Health (Drugs and Poisons) Regulation 1996* or a repealed provision or a corresponding law? Yes No

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.

5. Declaration - Employee

I declare that the information stated by me on this application form is true, correct and complete Yes No

I consent to the making of enquiries of, and the exchange of information with the authorities of any State, Territory or Commonwealth regarding any matters relevant to this application. Yes No

I have read, understand and agree to comply with my obligations as required under the relevant provisions of the *Health (Drugs and Poisons) Regulation 1996* (see publication *What Wholesale Representatives Need to Know* and legislation website www.legislation.qld.gov.au). Yes No

I apply for a *Licence as a Wholesale Representative* and enclose the prescribed fee identified at section 3. Yes No

Signature		Date	
Print full name here			

Employer Information

This section should be completed by a person who has authority from the Employer (other than the applicant).

6. Employer details

Employer name	
Australian company number (if applicable)	
Website (if applicable)	

7. Business address

Business name		
Street address		
Postal address (for all correspondence)		
Contact person		
Telephone (not mobile)	Fax	
E-mail address		

8. Poisons licence

1. It is the employer's responsibility to ensure that either –
- (a) a current Queensland restricted drug manufacturer licence or restricted drug wholesaler licence is held; or
 - (b) a licence, issued under a law in another State, that is equivalent to a Queensland restricted drug manufacturer licence or restricted drug wholesaler licence is held.

2. Queensland licensees

Licence number	W / Z * <small>* Delete whichever does not apply</small>	Expiry Date	
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3. Interstate Licensees 1 box only

- Attach a certified photocopy of the **current licence** to manufacture and/or wholesale restricted drugs ; or
- The current interstate licence has previously been forwarded

