

Or

Send by email to: drugprecursor@fagg-afmps.be
Only when provided with the correct qualified electronic signatures (NO SCANS).

PRECURSOR LICENCE/REGISTRATION APPLICATION FORM

Application of Regulation (EC) No 273/2004, 111/2005, (EU) 2015/1011, (EU) 2015/1013, (EU)2016/1443, (EU) 2018/729, (EU)2020/1737, (EU)2022/1518, (EU)2023/196, and (EU)2024/1331.

Tick the appropriate box:

- To obtain a licence under Article 3(2) of Regulation (EC) No 273/2004 (possession/placement on the market of category 1 substances).
- To obtain a licence in accordance with Article 6(1) of Regulation (EC) No 111/2005 (targets operators established in the Community engaged in import or export, or intermediary activities involving scheduled category 1 substances).
- To obtain registration under Article 3(6) of Regulation (EC) No 273/2004 (possession of category 2A substances or the placement on the market of scheduled substances listed in category 2 in the EU).
- To obtain a registration pursuant to Article 7(1) of Regulation (EC) No 111/2005 (operators engaged in import or export, or intermediary activities involving scheduled substances of category 2 or exporting scheduled substances of category 3).

1. REGISTERED OFFICE

Name
company/institution:

VAT-number:

Approved economic
operator certificate,
if applicable:

Address:

Telephone:

Administrative address
where your accounts can
be consulted:

- Important: Please attach a clear and legible copy of the articles of association/by-laws to the application.

2. INVOICE INFORMATION (contact person and address for mailing the invoice)

Name and first name:	
Address:	
E-mail:	
VAT-number:	
Extra information that needs to be mentioned on the invoice:	

3. APPLICANT ((delegated) director from [CBE](#))

Name and first name:	
Work address:	
E-mail:	
Phone number:	
Date of application:	
Signature:	

Important: Please enclose a recent extract (<3 months) from the criminal record, model no.1 (art. 595 of the Criminal Investigation Code)

4. RESPONSABLE(S)* At least 2 mandatory to complete. Maximum 4 responsables.
* expected to be well-informed on the legislation and legal obligations with respect to precursors.
Important: Please enclose a recent extract (<3 months) from the criminal record, model no.1 (art. 595 of the Criminal Investigation Code)

Name and first name:	Signature:
Position and tasks:	
Work address:	
E-mail:	
Phone number:	



Name and first name:	Signature:
Position and tasks:	
Work address:	
E-mail:	
Phone number:	
Name and first name:	Signature:
Position and tasks:	
Work address:	
E-mail:	
Phone number:	
Name and first name:	Signature:
Position and tasks:	
Work address:	
E-mail:	
Phone number:	
<p>5. ACTIVITY SITE The various addresses where the substances are stored and/or being used. At least 1 mandatory. If this space is not sufficient, please add an attachment.</p>	
Name/department:	
Address:	



Name/department:	
Address:	
Name/department:	
Address:	
Name/department:	
Address:	
Name/department:	
Address:	
Name/department:	
Address:	
Name/department:	
Address:	
Name/department:	
Address:	



Name/department:	
Address:	
Name/department:	
Address:	
Name/department:	
Address:	
Name/department:	
Address:	

6. THE FOLLOWING DATA, IF IT'S A MIXTURE OR A NATURAL PRODUCT

Name of the mixture or natural product	Name of the scheduled substance	The maximum % of such scheduled substances in the mixture or natural product



7. PLEASE ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION

<input type="checkbox"/>	A recent extract (less than 3 months old) from the criminal record, model no.1 (art. 595 of the Criminal Investigation Code).
<input type="checkbox"/>	Completed activity tables for each premise (see point 5) - see also annexes 1 to 3.
<input type="checkbox"/>	An inventory list of products: please provide a complete list of all products currently in stock. Please note that this does not only include drug precursors, but all products present in stock.

8. PRECURSORS and JUSTIFICATION

Please indicate on the next page the drug precursors for which you are applying for a licence/registration and provide below a brief description of the reason/the project for applying for this licence/registration. **This will avoid additional questions from our service and potential delays in processing your licence application.** If this space is not sufficient, please add an attachment.

REASON application:



9. APPROPRIATE MEASURES

Information indicating that appropriate measures have been taken against the unauthorised withdrawal of scheduled substances from the activity sites involving the scheduled substances listed under point 5.

If this space provided is insufficient, please add an attachment.

Business premise:	
--------------------------	--

Category 1	EXTRA			INTRA					
	Import	Export	Intermediary activities*	Possession	Storage for third party	Manufacturing/Production	Processing	Trade/Distribution	Brokering
(1R,2R)-(-)-chloropseudoephedrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1R,2S)-(-)-chloroephedrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1S,2R)-(+)-chloroephedrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1S,2S)-(+)-chloropseudoephedrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-(2-phenylethyl)piperidin-4-one (NPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-Phenyl-2-propanone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-methyl-3-phenyloxirane-2-carboxylic acid (BMK glycidic acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-(1,3-benzodioxol-5-yl)-2-methyloxirane-2-carboxylic acid (PMK glycidic acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Category 1	EXTRA			INTRA					
	Import	Export	Intermediary activities*	Possession	Storage for third party	Manufacturing/Production	Processing	Trade/Distribution	Brokering
3,4-Methylenedioxyphenylpropan-2-one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alphaphenylacetoacetamide (APAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alphaphenylacetonitrile (APAAN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diethyl (phenylacetyl) propanedioate (DEPADP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ephedrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ergometrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ergotamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethyl alpha-phenylacetoacetate (EAPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isopropylidene (2-(3,4-methylenedioxyphenyl) acetyl)malonate (IMDPAM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isosafrol (cis + trans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lysergic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methyl 3-oxo-2-(3,4-methylenedioxyphenyl)butanoate (MAMDPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methyl alphaphenylacetoacetate (MAPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N-acetylanthranilic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N-phenyl-1-(2-phenylethyl)piperidin-4-amine (ANPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N-phenyl-N-(piperidin-4-yl)propanamide (norfentanyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Category 1	EXTRA			INTRA					
	Import	Export	Intermediary activities*	Possession	Storage for third party	Manufacturing/Production	Processing	Trade/Distribution	Brokering
N-phenylpiperidin-4-amine (4-AP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norephedrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piperonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pseudoephedrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safrole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tert-butyl 4-anilinopiperidine-1-carboxylate (1-boc-4-AP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Intermediary activities:** in the context of Regulation 111/2005, "intermediary activities" means that an EU-based company or person mediates the purchase or sale of scheduled substances between third countries, without those substances entering the EU.



Business premise:	
--------------------------	--

Category 2A	EXTRA			INTRA						
	Import	Export	Intermediary activities*	Storage for third party	Manufacturing/ Production	Processing/Use	Trade/ Distribution	Brokering	Possession	Total amount (kg/l) per year
Acetic anhydride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Red phosphorus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Category 2B	EXTRA			INTRA			
	Import	Export	Intermediary activities*	Storage for third party	Trade/ Distribution	Brokering	Total amount (kg) per year
Anthranilic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phenylacetic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Piperidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Potassium permanganate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***Intermediary activities:** in the context of Regulation 111/2005, "intermediary activities" means that an EU-based company or person mediates the purchase or sale of scheduled substances between third countries, without those substances entering the EU.



Business premise:	
--------------------------	--

Category 3	EXTRA		
	Export	Destined country for export	Total amount (kg) per year
Acetone	<input type="checkbox"/>		
Ethyl ether	<input type="checkbox"/>		
Hydrochloric acid	<input type="checkbox"/>		
Methylethylketone (MEK)	<input type="checkbox"/>		
Sulphuric acid	<input type="checkbox"/>		
Toluene	<input type="checkbox"/>		



Practical information

- Return the fully completed and signed application form:
 - **By POST, only if the original form has been signed (no copies or scans), to:**

Federal Agency for Medicines and Health Products
DG Inspection – Authorisations Division – Team Precursors
Avenue Galilée 5/03
1120 BRUSSELS

Or

- **By E-MAIL, ONLY if the form has been provided with ALL the necessary qualified electronic signatures AFTER it has been completed in full, to:**
drugprecursor@fagg-afmps.be
(signature via ID card or see <https://economie.fgov.be/fr/themes/line/commerce-electronique/signature-electronique-et>).
Company tokens are usually not qualified electronic signatures and may be considered inadmissible.
The signature can be added by double-clicking on the signature field. Once signatures have been added, it is no longer permitted to edit the form, so please complete the form in full before adding the signatures. If the form does need to be changed again, the signatures must be re-applied. Otherwise, the application will be inadmissible.
- **The fee amount** is indexed annually and can be viewed at any time on the [FAMHP website](#).
- **Every modification** (responsible persons, address, substances...) needs to be communicated to us (by post or e-mail) **within 15 days** by a responsible person mentioned on the licence. The form to be used for this is available on the [FAMHP website](#).

