

APPLICATION FOR MODIFICATION OF LICENCE / REGISTRATION FOR PRECURSORS	
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.	
MODIFICATION OF LICENCE / REGISTRATION NUMBER: BE	
1. REGISTERED OFFICE	
Name company/institution:	
VAT-number:	
Approved economic operator certificate, if applicable:	
Address:	
Telephone:	
Administrative address where your accounts can be consulted:	
Has there been any change/modification to the articles of association/by-laws of your company?	
No <input type="checkbox"/>	Yes <input type="checkbox"/> Important: Please include a copy of the articles of association/by-laws.
2. INVOICE INFORMATION TO BE CHANGED <input type="checkbox"/> N/A (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)

N/A

4. CHANGE OF RESPONSABLE(S)* At least 2 mandatory to complete. Maximum 4 responsables.

5. Please indicate the change (addition/removal) clearly.

* expected to be well-informed on the legislation and legal obligations with respect to precursors.

Name and first name:

Position and tasks:

Work address:

E-mail:

Phone number:

Signature:

Indicate which is appropriate:

Add responsible person.

Remove responsible person.

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:

Position and tasks:

Work address:

E-mail:

Indicate which is appropriate:

Add responsible person.

Remove responsible person.

Important: Please enclose a recent extract (<3 months) from the criminal



Phone number:	record, model no.1 (art. 595 of the Criminal Investigation Code)
Signature:	
Name and first name:	<p>Indicate which is appropriate:</p> <p><input type="checkbox"/> Add responsible person.</p> <p><input type="checkbox"/> Remove responsible person.</p> <p>Important: Please enclose a recent extract (<3 months) from the criminal record, model no.1 (art. 595 of the Criminal Investigation Code)</p>
Position and tasks:	
Work address:	
E-mail:	
Phone number:	
Signature:	
Name and first name:	<p>Indicate which is appropriate:</p> <p><input type="checkbox"/> Add responsible person.</p> <p><input type="checkbox"/> Remove responsible person.</p> <p>Important: Please enclose a recent extract (<3 months) from the criminal record, model no.1 (art. 595 of the Criminal Investigation Code)</p>
Position and tasks:	
Work address:	
E-mail:	
Phone number:	
Signature:	
<p>6. ACTIVITY SITE(S) TO BE MODIFIED <input type="checkbox"/> N/A</p> <p>The various addresses where the substances are stored and/or being used. Please indicate the change (addition/removal) clearly.</p>	
Name/department:	<p>Indicate which is appropriate:</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Removal</p>
Address:	
Name/department:	<p>Indicate which is appropriate:</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Removal</p>
Address:	



Name/department:	Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
Address:	
Name/department:	Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
Address:	
Name/department:	Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
Address:	
Name/department:	Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
Address:	
Name/department:	Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
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Name/department:	Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
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Name/department:	Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
Address:	
Name/department:	Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
Address:	



Name/department:	Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
Address:	
Name/department:	Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
Address:	

N/A

7. THE FOLLOWING DATA TO BE CHANGED, IF IT IS 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	Please clearly indicate the change (addition/removal).
			Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
			Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
			Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
			Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal



			Indicate which is appropriate: <input type="checkbox"/> Addition <input type="checkbox"/> Removal
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8. PLEASE ATTACH THE FOLLOWING DOCUMENTS TO YOUR CHANGE REQUEST

<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) of the applicant and, if necessary, the responsible person(s).
<input type="checkbox"/>	The original paper licence/registration in your possession (to be returned by post).
<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.

9. PRECURSORS and JUSTIFICATION (purpose for which the substances are used) **N/A**

Please clearly indicate which activities or substances will be added or deleted through the following provided space. Annexes 1 to 4 must summarise the desired situation and activities for the premises. **This helps to avoid additional questions from our department and minimises possible delays in processing your application.**

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

Explanation of the modified activity(ies)/licensed substance(s):



Business premise:	
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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:	
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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:	
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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](#).
- The end date of your licence/registration will not be changed in the event of a modification.

