

Send BY REGISTERED POST to:

Federal Agency for Medicines and Health Products
DG INSPECTION/Authorisations Division - Narcotics Team
Eurostation II - Victor Hortaplein 40/40
1060 BRUSSELS

Send BY E-MAIL to:

narcotics@fagg-afmps.be

Only when provided with the correct electronic signatures (NO SCANS).

APPLICATION FROM FOR A PRIVATE LICENCE

<input type="checkbox"/>	NEW APPLICATION
<input type="checkbox"/>	RENEWAL OF LICENCE NUMBER:
<input type="checkbox"/>	CHANGE OF LICENCE NUMBER:
1. IDENTIFICATION OF THE APPLICANT	
Full name:	
First name:	
Address:	
National registry number:	
Location of the activities	
Full name:	
Address:	
Telephone:	
2. ACTIVITIES (indicate as appropriate) Note: imports within the framework of this legislation also apply within the European Union	
<input type="checkbox"/>	Possession
<input type="checkbox"/>	Procurement (is both purchase and acquisition) Supplier:
<input type="checkbox"/>	Import Supplier:

3. SUBSTANCES and USAGE

Please indicate below for which substance(s) you are requesting a licence and provide a brief description for which it/they will be used.
Please also specify why you cannot use alternative substances in order to obtain the same result.

GBL (Gamma-Butyrolactone)

1.4-BD (1.4-Butanediol)

4. DOCUMENTS TO BE ATTACHED

Please check this properly, without documents your application will be inadmissible

- Extract from the judicial record model art. 596.1 of the Belgian Code of Criminal Procedure (no older than three months).
- Proof of payment of the fee.

5. APPLICANT'S SIGNATURE

Signature:

Date:



Practical information

- Return the fully completed and signed application form together with the required 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 – Authorisation Division - Narcotics Team
Eurostation II
Victor Hortaplein 40/40
1060 BRUSSELS

2. BY E-MAIL, 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. Should the form still be changed, the signatures will have to be added again.

- The fee is indexed each year and can always be consulted in the FAMHP website.
- The fee can be paid into the FAMHP account

Beneficiary: FAMHP
Victor Hortaplein 40/40
1060 BRUSSEL
IBAN: **BE96 6790 0221 2105**
BIC code: **PCHQBEBB**
Communication: Surname Name – Private License

IMPORTANT:

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

