

**Send by post to the following address:**

Federal Agency for Medicines and Health Products  
DG Inspection -Authorisations Division-Drug Precursors Unit  
Avenue Galilée 5/03  
1210 Brussels

**Or**

**Send BY EMAIL to:**

[drugprecursor@fagg-afmps.be](mailto:drugprecursor@fagg-afmps.be)

**Only when provided with qualified electronic signatures\*\* (NO SCANS)**

**LICENCE / REGISTRATION RENEWAL**  
**FORM FOR DRUG PRECURSORS**

**Application of Regulation (EC) No 273/2004, 111/2005, (EU) 2015/1011, (EU) 2015/1013, (EU) 2016/1443,(EU) 2018/729 and (EU)2020/1737**

**Renewal of your licence/registration as operator or user**

Dear Sir/Madam,

In accordance with Regulation (EC) No 273/2004, 111/2005, (EU)2015/1011, (EU)2015/1013, (EU) 2016/1443 (EU) 2018/729 and (EU)2020/1737, you have received your licence/registration as an perator or user.

We wish to draw your attention to the fact that you may need to renew your licence/registration as an operator or user, which will expire on December 31<sup>st</sup>.

Please submit your renewal request as soon as possible. Your existing authorisation/registration will remain valid until a decision is taken on the renewal request.

The new licence/registration will remain valid for 3 years.

I wish to draw your attention to the importance of submitting your licence/registration application on time. If we do not receive a response from you, your licence/registration will no longer be valid after the above mentioned expiry date.

We look forward to hearing from you.

Yours faithfully,

Drug Precursors Unit.

**qualified electronic signatures \*\*** : the application form can be submitted electronically (by e-mail) on condition that the document is signed via your identity card. The internal guidelines oblige us to accept only electronic signatures which are mentioned on:

<https://economie.fgov.be/nl/themas/online/elektronische-handel/elektronische-handtekening-en>

<b>1. Registered office:</b>	Name of company / institution	
	VAT number:	
	Approved economic operator certificate, if applicable:	
	Address:	
	Telephone:	
	Date:	
<p><i>Has there been any change/modification to the articles of association/by-laws of your company over the past three years?</i></p>		
No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	<b>Important:</b> Please include a copy of the articles of association/by-laws.
<b>2. Administrative address where your accounts can be consulted:</b>		
<b>3. Applicant:</b> (delegated administrator)	Full name:	
	Work address:	
	e-mail:	
	Phone number	
	<input type="checkbox"/> <b>Important:</b> Attach a recent police record (<3 months), Model 1 (art. 595 of the Code of Criminal Investigation)	
	Signature:	

**4. Officer(s) responsible for precursors\* (one or more persons):**

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

**Important:** *Attach a recent police record (<3 months), Model 1 (art. 595 of the Code of Criminal Investigation) of the officer(s) responsible*

**1.**

Full name		signature
Position/tasks		
Work address		
E-mail		
Phone number		

**2.**

Full name		signature
Position/tasks		
Work address		
E-mail		
Phone number		

**3.**

Full name		signature
Position/Tasks		
Work address		
E-mail		
Phone number		

**4.**

Full name		signature
Position/Tasks		
Work address		
E-mail		
Phone number		

**5.**

Full name		signature
Position/Tasks		
Work address		
E-mail		
Phone number		

**6.**

Full name		signature
Position/tasks		
Work address		
E-mail		
Phone number		

**5. Business premises:**

	Location	Address
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		



Firm (name + address):

Business premises (name + address):

CAT. 1	EXTRA-COMMUNITY			INTRA-COMMUNITY					
	Import	Export	Intermediary activities	Possession	Storage for third party	Manufacture /Production	Processing	Trade / Distribution	Brokering
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
Isosafrole (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"/>
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"/>
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"/>
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"/>
Alpha-phenylacetoacetonitrile (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"/>

(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"/>
(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"/>
4-anilino-N-phénéthyl-pipéridine (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-phénéthyl-4-pipéridone (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"/>
Methyl 3-(1,3-benzodioxol-5-yl)-2-methyloxirane-2-carboxylate (PMK methyl glycidate)	<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"/>
Alpha-phenylacetoacetamide (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"/>
Methyl 2-methyl-3-phenyloxirane-2-carboxylate (BMK methyl glycidate)	<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"/>
Methyl alpha-phenylacetoacetate (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"/>



Firm (name + address) :  
Business premises (name + address):

Cat. 2A	EXTRA			INTRA					
	Import	Export	Intermediary activities	Storage for third party	Manufacture/Production	Processing/Use	Trade/ Distribution	Brokering	Possession
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"/>

Cat. 2B	EXTRA			INTRA		
	Import	Export	Intermediary activities	Storage for third party	Trade/ Distribution	Brokering
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"/>

Firm (name + address) :  
Business premises (name + address):

CAT. 3	EXTRA-COMMUNITY
	Export
Acetone	<input type="checkbox"/>
Ethyl ether	<input type="checkbox"/>
Methylethyl ketone	<input type="checkbox"/>
Toluene	<input type="checkbox"/>
Sulphuric acid	<input type="checkbox"/>
Hydrochloric acid	<input type="checkbox"/>

Firm (name + address) :  
 Business premises (name + address):

CAT. 4	CN code	EXTRA-COMMUNITY
		Export
Substances for human or veterinary use containing ephedrine (or its salts)	CN code: 3003 40 20 (Neither presented in the form of doses nor packaged for retail)	<input type="checkbox"/>
	CN code: 3004 40 20 (presented in the form of doses or packaged for retail)	<input type="checkbox"/>
Substances for human or veterinary use containing pseudoephedrine (or its salts)	CN code: 3003 40 30 (Neither presented in the form of doses nor packaged for retail)	<input type="checkbox"/>
	CN code: 3004 40 30 (presented in the form of doses or packaged for retail)	<input type="checkbox"/>



## Practical information

- Return the fully completed and signed application form along with the required documents:
  - o **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 – Drug Precursors Unit  
Avenue Galilée 5/03  
1210 Brussels
  
  - o **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](mailto: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.](#)

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