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safety... our priority.*

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sécurité... notre priorité.*

Healthy Environments and Consumer Safety Branch
Office of Controlled Substances
April 2017

Registration Form for Importation of Designated Devices



Office of Controlled Substances
Controlled Substances Directorate
Healthy Environments and Consumer Safety Branch
Health Canada

Également disponible en français sous le titre:

Instructions

Please send the completed application form to the Office of Controlled Substances at the following address:

**Authorizations Division
Office of Controlled Substances
Controlled Substances Directorate
Healthy Environments and Consumer Safety Branch
Health Canada
161 Goldenrod Driveway, AL0300B
Ottawa ON K1A 0K9**

Email: Authorizations-Autorisations@hc-sc.gc.ca

For questions regarding this document or the application process, please contact:

Authorizations Division
Email: Authorizations-Autorisations@hc-sc.gc.ca

Other Information

The service standards for the registration process will be 15 business days.

Registration will be valid for two (2) years.

Privacy Notice Statement

The personal information you provide is protected in accordance with the Privacy Act and collected under the authority of subsection section 4 of the Department of Health Act. The information will be used to assess applications for permits to import designated devices. Information may be disclosed to the Canada Border Services Agency and law enforcement authorities, where required. Missing information on the application form may result in the licence application being denied. In limited and specific situations, your personal information may be disclosed without your consent in accordance with subsection 8(2) of the Privacy Act.

You have the right to access your personal information and correct misinformation, if required. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly. For more information, please review the [Info Source](#) publication or contact the Privacy Management Division at 613-948-1219 or privacy-vie.privee@hc-sc.gc.ca.

FOR OFFICE USE ONLY

By signing this document, I **hereby attest** that the information provided in this registration form is correct, complete, and in accordance with the relevant sections of the Controlled Drugs and Substances Act.

Signature: _____

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|--|--|------------------------|------------------------|-------------|--|
| Name of Corporation or Individual | | | | | |
| Address of Corporation or Individual | | | | | |
| City | | Province/ Territory | | Postal Code | |
| Telephone No. | | | Fax No. | | |
| Email Address | | | | | |
| Description of Device | | | | | |
| Model Number (if any) | | | Serial Number (if any) | | |
| Brand Name or Trademark (if any) | | | | | |
| Address of Delivery for the Designated Device | | | | | |
| City | | Province/ Territory | | Postal Code | |
| Address Where the Designated Device Will be Used | | | | | |
| City | | Province/ Territory | | Postal Code | |
| Name of the Customs Office Where the Importation of the Designated Device is Anticipated | | | | | |
| Address of the Customs Office Where the Importation of the Designated Device is Anticipated (if known) | | | | | |
| City | | Province/ Territory | | Postal Code | |
| Anticipated Date of Importation (YYYY-MM-DD) | | | | | |