# Drug checking licensing scheme review of licensing decision form

This form must be submitted by the end of the 14th day after the original licensing decision was notified to the provider.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| General applicant/licence holder information | | | | |
| Applicant/licence holder name | Add | **Date of submission** | Click or tap to enter a date. |
| Designated contact person for applicant/licence holder   * Name * Role title * Email * Contact phone number | Add  Add  Add  Add | | |
| Date of Ministry licensing decision |  | | |

| Reason for review of decision | Comment | Supporting documentation |
| --- | --- | --- |
| *Provide supporting evidence* | | |
| Outline in detail, the reasons for requesting a review of the licensing decision | Add | Add |
| Additional information | | |
| Provide any additional supporting information for inclusion in the review, addressing any reasons given by the Drug Checking Licensing Scheme for the licensing decision. | Add | Add |

## **Submission**

Once completed, please email the review of licensing decision form and all supporting documents to: [drugcheckingadmin@health.govt.nz](mailto:drugcheckingadmin@health.govt.nz)

Please use the subject line “DCLS review of licensing decision form: [provider name]”.

## **Declaration**

I declare that the information provided in the responsible person amendment form and supporting documentation is complete, true and accurate. I am aware that if the information provided is found to be materially false or misleading, the licence can be suspended or cancelled at any stage.

|  |  |
| --- | --- |
| Declaration | |
| Applicant/licence holder name | Add |
| Date | Click or tap to enter a date. |
| Applicant/licence holder signature | Add |