

**THE DANGEROUS DRUGS ACT
THE DANGEROUS DRUGS (CANNABIS IMPORT, EXPORT, TRANSIT AND TRANS-
SHIPMENT) REGULATIONS, 2022**

CANNABIS LICENSING AUTHORITY

PERMIT APPLICATION FORM

Instructions to Applicant:

1. Please read the form carefully and complete in block capitals in blue or black ink.
2. A separate application form is required for each permit being applied for.
3. Each shipment requires a separate permit.
4. Each permit will only be applicable to the particular premises and/or final destination for which it is issued except under the authority of a diversion certificate.
5. Only the following categories of persons may apply for permits:
 - i. Holders of the following licences issued by the Cannabis Licensing Authority:
 - a) Cultivator
 - b) Processor
 - c) Retail
 - d) Research and Development.
 - ii. Local authorised agents acting on behalf of foreign/overseas entities handling ganja for the purposes of transit and/or trans-shipment.
6. All completed application forms and supporting documents must be submitted at the offices of the Cannabis Licensing Authority at: 4th Floor, PanJam Building, 60 Knutsford Boulevard, Kingston 5, St. Andrew, Jamaica.

SECTION A: TYPE OF PERMIT

All applicants should complete this section

Type of Permit:

Please indicate the type of permit for which you are applying.

- Import Permit
 Transit Permit

- Export Permit
 Trans-shipment Permit

SECTION B: IMPORT PERMIT

To be completed by applicant for Import Permit.

Part I - Importer

SURNAME	FIRST NAME	MIDDLE NAME
OTHER NAMES (IF APPLICABLE)	MAIDEN NAME (IF APPLICABLE)	MOTHER'S MAIDEN NAME (IF APPLICABLE)
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	DATE OF BIRTH (DD-MM-YYYY)
PLACE OF BIRTH: (Town/Country)	NATIONALITY:	LENGTH OF TIME LIVING IN JAMAICA (IN YEARS):
TRN	ID #:	TYPE: <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> National Identification Card
CATEGORY OF CLA LICENCE AND LICENCE NUMBER	CLA LICENCE ISSUED DATE	CLA LICENCE EXPIRATION DATE
PERMANENT ADDRESS	(STREET/APT#) TOWN/CITY/PARISH)	MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

NAME OF COMPANY/BUSINESS		REGISTERED ADDRESS	MAILING ADDRESS (IF DIFFERENT FROM ABOVE)
TRN	TYPE OF COMPANY/BUSINESS <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Cooperative <input type="checkbox"/> Friendly Society		REGISTRATION NUMBER
CONTACT NUMBER: (HOME)		(WORK)	(MOBILE)
FACSIMILE NO:		EMAIL ADDRESS:	
PART II – Information pertaining to Exporter/Consignor of Foreign Jurisdiction			
NAME OF EXPORTER:		ADDRESS OF EXPORTER:	NAME OF REGULATORY AUTHORITY IN FOREIGN JURISDICTION
ADDRESS OF REGULATORY AUTHORITY IN FOREIGN JURISDICTION:			
PART III – Description of Product/Item(s) to be imported from the Country and Intended Purpose:			
NAME OF PRODUCT/ITEM		INTERNATIONAL NON-PROPRIETARY NAME, IF ANY:	SUBSTANCE:
INTENDED PURPOSE:		QUANTITY/WEIGHT:	

Upon issuance of the Export Permit by the regulatory authority in the foreign jurisdiction, a certified copy of Export Permit must be submitted to the Authority. In addition, the Authority must be advised of the following at least two (2) days prior to the arrival of the shipment: -

PORT OF ENTRY OF CONSIGNMENT:

MODE OF TRANSPORTATION (AIR/SEA):

DATE OF ARRIVAL OF CONSIGNMENT:

CARRIER ON WHICH THE CONSIGNMENT WILL ARRIVE:

DECLARATION

All applicants must sign this declaration in order for their application to be processed.

I, _____, declare that this form and all the attachments, statements, disclosures and supporting documents are true and correct to the best of my knowledge and belief. I further declare that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a permit by the Cannabis Licensing Authority, and that where, after the issue of a permit, a statement made in connection with the application is found to be false, the permit may be revoked.

Position

Signature

Date

SECTION C – EXPORT PERMIT

Information required for Export Permit – to be completed by applicant for Export Permit.

PART I - Exporter

SURNAME	FIRST NAME	MIDDLE NAME
OTHER NAMES (IF APPLICABLE)	MAIDEN NAME (IF APPLICABLE)	MOTHER'S MAIDEN NAME (IF APPLICABLE)

GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED		DATE OF BIRTH (DD-MM-YYYY)	
PLACE OF BIRTH: (Town/Country)		NATIONALITY:		LENGTH OF TIME LIVING IN JAMAICA (IN YEARS):	
TRN		ID #:		TYPE: <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> National Identification Card	
CATEGORY OF CLA LICENCE AND LICENCE NUMBER		CLA LICENCE ISSUED DATE		CLA LICENCE EXPIRATION DATE	
PERMANENT ADDRESS		(STREET/APT#) TOWN/CITY/PARISH)		MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	
NAME OF COMPANY/BUSINESS		REGISTERED ADDRESS		MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	
TRN		TYPE OF COMPANY/BUSINESS <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Cooperative <input type="checkbox"/> Friendly Society		REGISTRATION NUMBER	
CONTACT NUMBER		FACSIMILE NO:		EMAIL ADDRESS:	
PART II – Importer/Consignee in Foreign Jurisdiction					
NAME OF IMPORTER:		ADDRESS OF IMPORTER:		IMPORT AUTHORIZATION NUMBER/PERMIT NUMBER:	

IMPORT PERMIT ISSUE DATE:	IMPORT PERMIT EXPIRATION DATE:	NAME OF REGULATORY AUTHORITY IN FOREIGN JURISDICTION:
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ADDRESS OF REGULATORY AUTHORITY IN FOREIGN:

PART III – Description of Product/Item(s) to be Exported to Country and the Intended Purpose

NAME OF PRODUCT/ITEM:	INTERNATIONAL NON-PROPRIETARY NAME, IF ANY:	SUBSTANCE:
INTENDED PURPOSE:	QUANTITY/WEIGHT:	MODE OF TRANSPORT (AIR/SEA):

PORT OF ENTRY:	COUNTRY OF FINAL DESTINATION:
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DECLARATION

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I, _____, declare that this form and all the attachments, statements, disclosures and supporting documents are true and correct to the best of my knowledge and belief. I further declare that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a permit by the Cannabis Licensing Authority, and that where, after the issue of a permit, a statement made in connection with the application is found to be false, the permit may be revoked.

_____ Position

_____ Signature

_____ Date

SECTION D: TRANSIT/TRANS-SHIPMENT

Information required for Transit and / or Trans-shipment Permit

PART I – Applicant (Jamaican Authorised Agent)

NAME OF LOCAL AUTHORISED AGENT:	TELEPHONE NUMBER OF LOCAL AUTHORISED AGENT:	BUSINESS ADDRESS OF LOCAL AUTHORISED AGENT:
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PART II – Exporter (Foreign/Overseas Jurisdiction)

NAME OF EXPORTER:	TELEPHONE NUMBER OF EXPORTER:	BUSINESS ADDRESS OF EXPORTER:
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PART III – Importer (Foreign/Overseas Jurisdiction)

NAME OF IMPORTER:	TELEPHONE NUMBER OF IMPORTER:	BUSINESS ADDRESS OF IMPORTER:
IMPORT AUTHORISATION NUMBER:	DATE OF ISSUANCE OF IMPORT AUTHORISATION:	DATE OF EXPIRATION OF IMPORT AUTHORISATION:

REGULATORY AUTHORITY THAT ISSUED IMPORT AUTHORISATION:

PART IV – Export Authorisation (Certified copy of original to be attached to application form):

EXPORT AUTHORISATION NUMBER:	DATE OF ISSUANCE OF EXPORT AUTHORISATION:	DATE OF EXPIRATION OF EXPORT AUTHORISATION:
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REGULATORY AUTHORITY THAT ISSUED EXPORT AUTHORISATION:

PART V: Shipment/Description of Product/Item(s)

PROPOSED PORT OF ENTRY:	PROPOSED PORT OF EXIT:	DATE OF ARRIVAL:
DATE OF DEPARTURE:	MODE OF TRANSPORT (AIR/SEA):	NAME OF INCOMING CARRIER (SHIP/AIRCRAFT)

NAME OF OUTGOING CARRIER (SHIP/AIRCRAFT):	DESCRIPTION OF PRODUCT(S) ITEM(S):	TYPE AND NATURE OF PACKAGING OF PRODUCT(S)/ITEM(S) WITH UNIQUE IDENTIFICATION NUMBER:
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DECLARATION

All applicants must sign this declaration in order for their application to be processed.

I, _____, declare that this form and all the attachments, statements, disclosures and supporting documents are true and correct to the best of my knowledge and belief. I further declare that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a permit by the Cannabis Licensing Authority, and that where, after the issue of a permit, a statement made in connection with the application is found to be false, the permit may be revoked.

Position

Signature

Date