**Inbound Traveler’s Permit**

**for Narcotics Contained Medication for Personal Use**

**자가치료용 마약류 반입 승인서**

**1. Applicant's Name(신청인 이름)**

Given name(이름): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname(성): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Passport No.(여권번호)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Nationality(국적)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Length of Stay Abroad(체류기간)**

**\_\_\_\_\_\_M(월)**\_\_\_\_\_\_**D(일)**\_\_\_\_\_\_\_**Y(년)** ~**\_\_\_\_\_\_M(월)**\_\_\_\_\_\_**D(일)**\_\_\_\_\_\_\_**Y(년)**

**(Total(총)\_\_\_\_\_\_days(일))**

**5. Name of Entry and Flight No. (입국 장소 및 항공편)**

Port of arrival(도착장소(공항, 항구)): \_\_\_\_\_\_\_\_\_Flight No.(항공편): \_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Visiting Purpose(방문목적)(√)**

Business(업무) □ Family/friends visit(가족/지인 방문) □ Study(학업) □

Sightseeing(관광) □ Stopover(경유)□ Other(기타)□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Reference attached? (참고문서 첨부 유무) (study visitors only학업상 방문일 경우)**

Yes(はい)　□ 　　 No(いいえ)　 □

**7. Identification of Carrying Narcotics and Quantities**(**반입 마약류 및 복용량)**

Medication **(ingredient)** name and quantities (약품명(주성분) 및 복용량)

약품명(주성분)　　　　　　　　　　　　　　　　　　　　　　　　 　 1일 복용량

Drug (Ingredient) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_\_\_\_\_\_\_ mg /day)

Drug name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_ mg / day)

Drug name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_ mg / day)

Drug name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_ mg / day)

**\*Is export certificate on narcotic drug or psychoactive substance available in your country?**

**귀국에서 마약류에 대한 반출 승인서를 발급하고 있습니까?**

Available (발급한다)　□ 　　 Not available (발급하지 않는다) □

**8. Reason of Carrying Medicine / Name of Illness(약품 반입 사유/병명)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Contact Details (연락처)**

**\* Do not leave any blank(모두 기입하시오.)**

Phone No.(전화번호): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax (if exist　팩스번호(있는 경우)): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Declaration by Applicant**

 **신청인 선언문**

* **I declare that the particulars and documents furnished in respect of this application are true and correct.**

**나는 본 신청과 관련하여 제출한 모든 세부사항과 문서가 사실이고 정확함을 선언한다.**

* **I understand that this application can be rejected and the permit issued by this application can be annulled if the particulars and documents furnished in respect of this application are not true and correct.**

**나는 본 신청과 관련하여 제출한 세부사항과 문서 중 사실이 아니거나 틀린 사항이 있으면 신청이 기각되거나 발행된 신청서가 취소될 수 있음을 알고 있다.**

Date(날짜): Signature of Applicant(신청인 서명):

***\*Please submit the application to the following address by fax or email:***

***다음의 팩스번호나 이메일 주소로 제출하시오.***

***Narcotics Policy Division***

***Pharmaceutical Safety Bureau***

***Ministry of Food and Drug Safety (MFDS)***

***Fax.*** *+82-43-719-2800*

***E-mail.*** *narcotics@korea.kr*