ATTENSION

For those who will arrive at HANEDA International Airport or NARITA International Airport:

Please send us the following documents for applying permits to carry Narcotics/Stimulants Raw Materials into/out of Japan.

Please check the required details on APPLICATION GUIDANCE page.

↓ CHECK BOX ↓
Please use it to check when sending required documents

1. IMPORT and EXPORT APPLICATION FORMS

If you do not need to bring leftover medicine back to your country, please email us and say, "I do not need an export permit."

If you are unsure of the remaining quantity, you can write the quantity as "XX(Same amounts of importing pills) or less" on the export form.

APPLICATION FORM (IMPORT)

APPLICATION FORM (EXPORT)

2. MEDICAL CERTIFICATE

Please check the medicine details are same as your import/ export forms.

Please check the sample format of Medical Certificate below.

MEDICAL CERTIFICATE

3. PHOTOs of YOUR OWN MEDICINE PACKAGES

You need to take photos of YOUR OWN MEDICINE.

Please take several photos with multiple angles showing the whole label of your medicine bottle or box.

Our system can view only JPEG, PDF, WORD files.

PHOTOS

4. DRIVER'S LICENSE or UTILITY BILLS

We can verify your current address in your IMPORT/EXPORT forms. It is not necessary if the address listed on the application form is written on the medical certificate.

DRIVER'S LICENSE or BILLS

5. VISA, WORK CONTRACT, LETTER OF ACCEPTANCE

If you are going to stay Japan for more than 90 days, you need to send us for verifying your medicine amounts.

VISA, CONTRACT, L.O.A.

You have to attach all required documents to your email, NOT USING ANY CLUOD SERVER.
If your application document files are too large size or lots of files, they won't arrive.
Please send your files in multiple emails, and don't forget to send us a confirmation email to let us know we've received them AT THE SAME TIME.

-SAMPLE of Medical Certificate-

Although it is not a fixed format, we consider a medical certificate to be a medical certificate that contains at least the contents described in this sample (in black).
Items in red are examples and points to note.

ISSUED DATE: *December 1st, 2025*
※ Issued date must be within 3 months

PATIENT NAME: *Travel Samurai*

PATIENT ADDRESS: *A-123, Washington, St. New York U.S.A.*
※Applicant current address same as import/export forms, driver's license)
※Please include city name, state name, and country name.

NECESSITY OF MEDICINE WITH DETAILS: *For pain, Treatment of XXX*
※The specific reason will not be acceptable just "personal use","medical conditions","travel", "illness".

A LIST OF APPLICANT MEDICINES: *Vyvanse 30mg, Oxycodone 10mg*
※Names of medicines, including doses and the strength of mg

DOCTOR's NAME AND SIGNATURE

Dr.Signature, M.D.

HOSPITAL/CLINIC INFORMATION(NAME AND ADDRESS)
ABC HOSPITAL
4567, Washington, St. New York U.S.A.