

APPLICATION FOR ACCREDITATION OF A BUSINESS FOR AN INTERSTATE CERTIFICATION ASSURANCE (ICA) ARRANGEMENT

Complete this Application and return to Plant Health Operations, 46 Prospect Rd, Prospect SA, 5082 along with a completed Property Approval Form for your facility site and each property that will supply produce to be certified under this arrangement.

Type of application being made (Tick one box) : **Renewal** **New** **Amendment**

NOTE: This application can only cover one Operational Procedure (ICA arrangement) at one Facility

Has Business previously been registered for interstate movement of produce? Yes No
 If yes, provide the Business's Interstate Produce (IP) Number

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Operational Procedure / Arrangement

Reference Number Title of Operational Procedure

ICA	2	3	CERTIFICATION OF AREA OR PROPERTY FREEDOM BASED ON MONITORING BY THE ACCREDITING AUTHORITY						
Tick part(s) for which accreditation is sought (if applicable)			Part A	Part B	A & B <input checked="" type="checkbox"/>				

Type of Ownership of Business . (Tick one box)

Individual **Partnership** **Incorporated Company** **Cooperative Association**
Other (specify)

Applicant(s) Name(s) or Business making this Application for Accreditation

Print full name of Individual. OR Print full name(s) of all partners. OR Print full LEGAL name of Incorporated company or co-operative.	
Australian Business Number (ABN), Aust Company Number (ACN), or Aust Registered Body Number (ARBN)	
Companies must provide their Australian Company Number (ACN) or Australian Registered Business Number (ARBN) and attach a copy of the Certificate of Incorporation to this application copy of <i>Certification of Incorporation</i> attached.	
A Co-operative Association must provide Certificate or Registration as appropriate proof of registration copy of <i>Certificate of Registration</i> attached.	

Trading Name(s) of Business (Names or brands shown on produce packaging)

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Postal address of the Business (where all correspondence will be sent)

	Mobile
Postcode	Telephone (.....)
Email:	Facsimile (.....)

Location of the Business Facility (Street address, lot number or section number)

	Mobile
Postcode	Telephone (.....)
Section Hundred	Facsimile (.....)
Section/Hundred numbers are available from your council rate notice	
	Email Address

Authorised Signatories for signing Assurance Certificates

	Family Name	Given Name(s)	Specimen Signature
Certification Controller			
Back-up Certification Controller			
Additional Authorised Signatories			

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Plants, Produce or Associated Equipment to be treated under this ICA Arrangement

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Certification Assurance System Records

To verify that the business is carrying out the necessary responsibilities and duties, records must be maintained in accordance with the examples within the Operational Procedure, unless you apply to use alternative or additional records/method below and are granted permission.

I hereby apply for permission to use the following alternative or additional records, as listed below.

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Accreditation Conditions

For the purposes of this agreement the following definitions shall apply:

- Applicant** the person, cooperation or other legal entity who is accredited under this agreement
- Inspector** an inspector appointed under the Fruit and *Plant Protection Act 1992*
- Department** Primary Industries and Resources South Australia
- Interstate Certification Assurance (ICA) system** the processes, equipment, personnel & resources used to implement the Operational Procedure

For the purposes of this agreement the following conditions shall apply:

- The applicant must maintain and operate the interstate certification assurance system in accordance with the Operational Procedures and must maintain the relevant records.
- The applicant will, upon request, allow an inspector to enter any premises where product certified under the agreement is treated or dispatched, or where any product, equipment, chemicals, documents or records are stored.
- The inspector may inspect or take samples of any relevant item present on the premises at the time of this search.
- The applicant must take all steps to assist an inspector in the conduct of audits, including allowing the inspector to interview any employee of the applicant in relation to the implementation of the interstate certification assurance system.
- The applicant authorises the persons listed as Authorised Signatories on this application to issue certificates on his or her behalf.
- The applicant agrees to pay to the Chief Executive of the Department any costs associated with the conduct of audits by an inspector. The applicant will be notified of these costs at the time of accreditation.
- The applicant agrees to relinquish unused Plant Health Assurance Certificate books (or parts thereof) to the ICA Contact Officer on withdraw, suspension or cancellation of accreditation.
- The applicant hereby agrees to abide by the accreditation conditions listed above and acknowledges that any accreditation is granted subject to those conditions and certifies that all of the information contained in this application is true and correct.

Name in Full (please print)	Partner / Director etc	Signature	Date
			/ /
			/ /
			/ /
			/ /

Note: Where applicants are members of a partnership, each partner must sign the application. For Corporations/Associations with more than one Director, two Directors must sign or a Director and Company Secretary.

You, All Partners, or 2 Directors have signed above. Certification of Incorporation / Registration attached ABN provided
 Authorised Signatories have signed page 1. Property Approvals provided Type of ownership indicated

OFFICE USE ONLY

DESK AUDIT	Passed	Not Passed because
Alternate record-keeping granted Yes No		
..... / /
Name of Desk Auditor (please print)	Signature of Officer	Date

ACCREDITATION EXPIRES ON

PIRSA STAMP



APPLICATION FOR AREA OR PROPERTY FREEDOM



A SEPARATE FORM MUST BE COMPLETED FOR EACH SOURCE PROPERTY

The following details are to be provided to a business accredited under an interstate certification assurance (ICA) arrangement for certification of pest and disease free status of plants or plant products from the accredited property. Post completed forms to Plant Health Operations, 46 Prospect Rd, Prospect SA 5082.

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SECTION 1 - PROPERTY DETAILS

ACCREDITED PROPERTY NUMBER

Full Name of Business & Grower		
Grower's Contact Details	Telephone	Facsimile
	Mobile	
	E-mail	
Postal Address		
Street Location of Property where Produce Grown		
Title Reference * <i>please attach a map showing property location and detailing area where produce is grown</i>	Hundred	* details available from Property Title, Rates Notice or Local Government Authority – and must be included
	Allotment or Section #	
	CT number	
Produce Description (type /variety)		

SECTION 2 DECLARATION

I declare that the property details provided above are true and correct		
..... / /
Name of Grower / Manager (please print)	Signature of Grower / Manager	Date

PIRSA OFFICE USE ONLY

SECTION 3 CONFIRMATION OF PROPERTY PEST / DISEASE FREE STATUS

QFF01	Grown in area more than 15km <input type="checkbox"/> 30km <input type="checkbox"/> 80km <input type="checkbox"/> from a known Queensland Fruit Fly outbreak
MFF01	Grown in area more than 15km <input type="checkbox"/> 30km <input type="checkbox"/> 80km <input type="checkbox"/> from a known Mediterranean Fruit Fly outbreak
PHY01	Grown in area free from Phylloxera Yes <input type="checkbox"/> No <input type="checkbox"/>
PHY02	Grown in area more than 40km from a known occurrence of Phylloxera Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 4 APPROVAL - PRIMARY INDUSTRIES and RESOURCES SA

Property located at Global Positioning System (GPS) Coordinate:	54H _____
	UTM _____
Date Approval Endorsed..... / /	Approval Expiry Date / /
.....
Name of Authorised Officer (please print)	Signature of Authorised Officer