

**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 | 9 | MOVEMENT OF NURSERY STOCK TO WESTERN AUSTRALIA | | | |
| | | | Tick part(s) for which accreditation is sought (if applicable) | Part A | Part B | A & B <input checked="" type="checkbox"/> |

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

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Type of Ownership of Business. (Tick one box)

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

Names of Applicant(s)

| | |
|---|--|
| Print your full name and names of any partners in usual order. For incorporated companies and co-operatives print the full name of the legal entity. | |
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| | |

Australian Business Number (ABN),
 Aust Company Number (ACN), or
 Aust Registered Body Number (ARBN)

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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 *Certification of Incorporation* attached.
 A Co-operative Association must provide Certificate or Registration as appropriate proof of registration
 copy of *Certificate of Registration* attached.

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

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

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

| | |
|---|-------------------|
| | |
| Postcode | Mobile |
| Section | Telephone (.....) |
| 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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APPLICATION FOR ACCREDITATION OF A BUSINESS FOR AN INTERSTATE CERTIFICATION ASSURANCE (ICA) ARRANGEMENT

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

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|----------------------|
| NURSERY STOCK |
|----------------------|

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 |
|-----------------------------|------------------------|-----------|------|
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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.
 Type of ownership indicated

Office Use Only

| | | |
|---|-------------------------------|-------------------------------|
| DESK AUDIT <input type="checkbox"/> Passed <input type="checkbox"/> Not Passed because | | |
| Alternate record-keeping granted <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of Desk Auditor (please print) | Signature of Officer | / / Date |

ACCREDITATION EXPIRES ON

PIRSA STAMP