

APPLICATION for ACCREDITATION / REGISTRATION or ANNUAL RETURN (ICA / CA / IR)

Complete clearly and return to Biosecurity SA - Plant Health Operations, 33 Flemington St, Glenside SA, 5065.
(Please print. See Conditions / Application Instructions on pages 2 and 3 of this Application.)

Type of application being made (Tick or mark one): Annual Return New Amendment

NOTE: This application can only cover one Procedure (Arrangement) at one Facility

Has Business previously been registered for movement of produce? Yes No
If yes, provide Interstate Produce (IP) Number (& Facility number).

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Operational Procedure / Arrangement (# Arrangement details must be included - see note on page 3)

ICA/CA/IR Number

Title of Arrangement Operational Procedure or Registration *

ICA	57
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Repacking of Certified Fruit Fly Host Produce
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Tick box if you wish this application to apply to both CA01/(IVCA) and IR01 ? yes

Applicant Details.

Type of Ownership of Business. (Tick or mark one)

Individual Partnership Incorporated Company Cooperative Association Trust Government

Individual Name:

Last Name	First Name
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Business Name:

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Postal Address Line 1:

Line 1:	Line 2:
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Suburb:

State:	Postcode:
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Partner Names:

Last Name	First Name
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(Provide additional partners
on a separate sheet)

Last Name	First Name
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Last Name	First Name
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Other Trading Names:

ABN / ACN Number:

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Have you, any Partner or Director of the Business or anyone in a Management role been convicted of an indictable offence or other offence involving dishonesty in the past five years ? **(answer by circling / marking appropriate box).** Yes No

A Company must attach a copy of Certification of Incorporation with new applications.

A Co-operative Association must attach a copy of Certificate or Registration to new applications Certification is attached

Facility / Accreditation Details

Facility Address Line 1:

Line 1:	Line 2:
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Suburb:

State:	Postcode:
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Accreditation Contact:

Last Name	First Name
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Position:

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Property Valuation No.:

Section:	Hundred:
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Contact Details:

Phone:	Mobile:
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Fax:	Email:
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Postal Address

Postal Suburb

Line 2:	Line 3:
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State:	Postcode:
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Persons Permitted to Sign or Verify Plant Health Certification

	Role	Last Name	Given Name(s)	Specimen Signature
<input type="checkbox"/>	Certification Controller / Responsible Person			
<input type="checkbox"/>	Backup Cert Controller / Responsible Person			
<input type="checkbox"/>	Authorised Signatory / Responsible Person			
<input type="checkbox"/>	Authorised Signatory / Responsible Person			

Products Certified / Imported:

(List all fruit & vegetable types, machinery,
grapevines or nursery stock)

Seasonal Operator: (tick or Y = Yes)

NO	YES	If yes, indicate operating months
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Importing Details

Consignments per year

States of Origin: (tick or Y = Yes)

Nursery Membership <small>Y= Yes / N= No</small>									
QLD	VIC	WA	NSW	NT	TAS	Overseas			

ENSURE YOU ALSO COMPLETE AND SIGN SECOND PAGE

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Product / Certification Assurance Records and Methodology

The business must carry out the necessary responsibilities and duties, and maintain records strictly in accordance with the applicable Operational Procedure unless permission to use different records/methods is requested below and is granted and endorsed by Biosecurity SA - Plant and Food Standards on this form.

I hereby request to use the following alternative or additional records/methods detailed below.

	Granted by PIRSA <input type="checkbox"/>	PIRSA <input type="checkbox"/>
	Inspector Initials / Stamp	STAMP <input type="checkbox"/>

I / We the undersigned applicant(s) do hereby declare that the information provided herein is accurate to the best of my/our knowledge and belief and make this application on my behalf, or on behalf of the above-mentioned business as a representative appointed to do so.

*Name of Partner / Director (print)	Designation	Signature	Date
			/ /
			/ /
			/ /

Note: Where applicants are members of a partnership, each partner must sign the application.
For corporations/associations a Director, Company Secretary or Manager with legal authority to sign for the company must sign.
Use the following checklist to ensure you have provided key information to enable the application to be processed.

You, All Partners or Director have signed above. All Responsible Persons have signed page 1. ABN is provided.
 Type of ownership indicated. Copy of Company Certification attached (new applicants).

Applicants must provide an Annual Return on the prescribed form each year they are accredited.
Incomplete applications will delay processing as they will need to be returned.
Please direct any queries regarding this application or the Accreditation/Registration to the Market Access Officer on 8207 7814.

Office Use Only

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

Conditions of Accreditation S16 / Registration S26

For the purposes of this accreditation / registration the following conditions may apply:

- The applicant must operate in full accordance with the Act and for ICA/CA Arrangements with the applicable Operational Procedure, which includes maintenance and provision of prescribed records for regular audit.
- The applicant is responsible to ensure that staff undertaking responsibilities required of the accreditation are adequately trained to do so.
- The frequency and number of audits will be determined by the Minister and carried out by persons authorised by the Minister.
- All fees for audits and inspections will be set by the Minister and the costs borne by the accredited person or business.
- The applicant will receive a Certificate of Accreditation / Registration which must be prominently displayed at the Business Facility.
- Restrictions may be imposed on the type of product an importer may bring into South Australia.

A copy of the relevant Operation Procedure or Act can be viewed or downloaded from – www.pir.sa.gov.au/ica

Issue of Assurance Certificates / Registration of Importers / Verification of Product

The Plant Health Act 2009 requires any person issuing a Plant Health Assurance Certificate (PHAC) to be accredited to do so. Penalties apply. (see section 25).

The Plant Health Act 2009 requires any person bringing or introducing plant or plant related products into SA to be registered (section 26) and imported products require verification. It is an offence to import without being registered or to fail to have imported product verified. Penalties apply (see sections 7, 25 and 33).

Only an accredited person may issue an assurance certificate (PHAC) or verify imported products (ie verify that an assurance certificate or other document relating to a plant or plant related product under a corresponding law complies with the requirements of the corresponding law). It is an offence to issue a Plant Health Assurance Certificate or verify imported product without being accredited. Penalties apply (see sections 7, 25 and 33).

ENSURE YOU ALSO READ PAGE 3

APPLICATION for ACCREDITATION / REGISTRATION or ANNUAL RETURN (ICA / CA / IR)

Application Notes

The form must be fully completed by an Applicant on their behalf or on behalf of a legal entity/business that they have authority to represent. Partnerships require all partners to sign.

Attach a separate page if there is insufficient space available for all required details. (Late fees apply for Annual Returns)

Operational Procedure / Arrangement

The ICA / CA / IR number and name you are seeking Accreditation/Registration for must be entered here. E.g. ICA23, CA01 etc. Applications without these details will be delayed or not processed. (You may make application for both CA01/(IVCA) and IR01 by ticking the YES box)

Applicant Details

- **Type of Ownership** shall be either – Individual, Partnership, Incorporated Company, Co-operative Association, Trust or other legal entity. (It may not be a Family Trust).
- **Name of the Legal Entity** either Individual, Business, Corporation, Association or Trust (if a Family Trust a trustee representing the Trust). Use attachment if insufficient room.
- **Address**; physical address of business is required
- **Partner Names**; all partners names must be provided.
- **Other Trading Name(s)**; List any other trading names used. Use attachment if insufficient room.
- **ABN / ACN Number**; ABN is the Australian Business Number.
- **Convictions**; Need to answer whether you, or any Director of the business or anyone in a Management role been convicted of an indictable offence or offence involving dishonesty in the past five years ? This question must be answered. If it is not, the application will not be processed.

Facility/ Accreditation Details

- **Facility Address / Location**; Clearly indicate the location or physical address details where product will be prepared/verified that will enable a PIRSA officer to easily locate the premises. (Usually the registered address of the business).
- **Contact**: Name and role of the principal contact to be used in regard to the accreditation/Registration.
- **Property Valuation Number and Section and Hundred**; Must clearly indicate the Property Valuation Number, Section and Hundred of the property. These are available from the Council rate notice.
- **Postal Address**; A mailing address may be provided for posting of all correspondence.

Persons Permitted To Sign or Verify Plant Health Certification

- **Role**; The role of the person able to verify product on behalf of the accredited business.
- **Names**; The full name and specimen signature of each of these persons.

Product Details

- **Products Certified / Imported**; Indicate the imported product / equipment / machinery you expect to certify/verify using this procedure.
- **Seasonal Operator**; Indicate whether seasonal operation will apply and if so what months.
- **Consignments per year**; Importers to provide estimate number of consignments per year
- **Nursery Membership**; Nurseries to provide membership details
- **States of Origin**; Provide a yes for States that product is expected to come from.

Product / Certification Assurance Records and Methodology

- Complete only if you wish to maintain records in alternate method to that specified in Procedure.

Authorising / Signing

The Applicant (individual, all partners or company director/senior manager) must sign acknowledging they represent the business seeking accreditation and the information is accurate. It is an offence under section 51 of the Plant Health Act 2009 to make a false or misleading statement (whether by reason of the inclusion or omission of a particular) in an application made or information provided. Penalties apply.

Separate applications are required for each accreditation / registration. (i.e. ICA, CA, IVCA, Importer etc) see www.pir.sa.gov.au/ica

[Please direct queries regarding this Application, Accreditation or Registration to the Market Access Officer on 8207 7814.](#)

Gary Cox,

Manager, Market Access & Systems, Biosecurity SA - Plant Health.



APPLICATION FOR ICA-23 SOURCE PROPERTY APPROVAL



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, 33 Flemington St, Glenside SA 5065.

SECTION 1 - PROPERTY DETAILS

PROPERTY APPROVAL NUMBER

PA

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 *	Hundred	* details available from Property Title, Rates Notice or Local Government Authority – and must be included
	Allotment or Section #	
please attach a map showing property location and detailing area where produce is grown (type /variety)	CT number	

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