

ACCREDITATION / REGISTRATION APPLICATION Plant Health Act 2009

ICA/CA Accreditation Sec 16 / Registration Sec 26

APPENDIX 1 ICA / CA / IR

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.

Or email scanned completed copy to PIRSA.PlantHealthMarketAccess@sa.gov.au (Please print. See Conditions / Application Instructions on pages 2 and 3 of this Application.

		ne Procedure (A	trangement	., at 6116 1 t	<u>acinty</u>				
Has Business previously been registered for movement of produce? If yes, provide Interstate Produce (IP) Number (& Facility number).]Yes □ No	s		-	
Operational Procedure / ICA/CA/IR Number		nent (# Arrangen rangement Op							
CA-29	DIS	TRIBUTIO		RE SUP AIL OU		PFA SU	ITABLE		
.pplicant Details.	Tick box if y	ou wish this a	application	to apply t	o both CA01	/(IVCA) a	and IR01?] yes
Type of Ownership of Bu	siness. (Tic	k or mark one)							
□Individual □Partners	•	· ·	mpanv □	Coopera	tive Associa	ation □1	rust □Go	overnn	nent
Individual Name:	Last Name		—	•	First Name				
Business Name:	<u> </u>								
Postal Address Line 1:					Line 2:				
Suburb:	'				State:		Postcode):	
Partner Names:	Last Name				First Name			-	
(Provide additional partners	Last Name				First Name				
on a separate sheet)	Last Name				First Name				
Other Trading Names:									
ABN / ACN Number:									
Have you, any Partner or Dire offence or other offence invol								Yes	No
A Company must attach a co	_	-	•	-	_	9 466.46			I
• •	•	•		ew applica	<u>110115</u> .	_	ertification is	attache	ed 🗌
	illet attach a i		ata or Regist	ration to n	ew application	$C\epsilon$	i uncauon is	attaori	
A Co-operative Association m	iust attach a d	copy of Certifica	ate or Regist	<i>tration</i> to n	ew application	ns Ce	runcauorris	anaon	
•		copy of Certifica	ate or Regist	<i>tration</i> to n	ew applicatior	ns Ce	runcation is	didon	
acility / Accreditation I	Details	copy of Certifica	ate or Regist		ew application	ns Ce			
Facility / Accreditation I Facility Address Line 1: Suburb:	Details	copy of Certifica	ate or Regist		Line 2: State:	ns Ce	Postcode		
Facility / Accreditation I Facility Address Line 1: Suburb: Accreditation Contact:	Details	ору от Сетинса	ate or Regist		Line 2:	ns Ce			
acility / Accreditation I Facility Address Line 1: Suburb: Accreditation Contact: Position:	Details	ору от Сетинса			Line 2: State:	ns	Postcode		
acility / Accreditation I Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.:	Details Last Name	Jopy of Certifica		Section:	Line 2: State:	Hundred	Postcode		
acility / Accreditation I Facility Address Line 1: Suburb: Accreditation Contact: Position:	Last Name Phone:	ору от Сетинса		Section: Mobile:	Line 2: State:	ns	Postcode		
acility / Accreditation I Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details:	Details Last Name	ору от Сетинса		Section: Mobile: Email:	Line 2: State: First Name	ns	Postcode		
Facility / Accreditation I Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details:	Last Name Phone:	ору от Сетинса		Section: Mobile: Email:	Line 2: State: First Name	ns	Postcode	::	
Facility / Accreditation I Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details:	Last Name Phone:	ору от Сетинса		Section: Mobile: Email:	Line 2: State: First Name	ns	Postcode	::	
Facility / Accreditation I Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details: Postal Address Postal Suburb	Last Name Phone:			Section: Mobile: Email:	Line 2: State: First Name	ns	Postcode	::	
Facility / Accreditation In Facility Address Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details: Postal Address Postal Suburb Persons Permitted to Si	Last Name Phone:	fy Plant Hea	Ith Certifi	Section: Mobile: Email:	Line 2: State: First Name Line 2: State:	Hundred	Postcode:): 	
Facility / Accreditation In Facility Address Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details: Postal Address Postal Suburb Persons Permitted to Si	Last Name Phone: Fax:		Ith Certifi	Section: Mobile: Email:	Line 2: State: First Name	Hundred	Postcode): 	ture
Facility / Accreditation E Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details: Postal Address Postal Suburb Persons Permitted to Si Role Certification Controller / Response	Phone: Fax: gn or Verification of the property of the propert	fy Plant Hea	Ith Certifi	Section: Mobile: Email:	Line 2: State: First Name Line 2: State:	Hundred	Postcode:): 	ture
acility / Accreditation E Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details: Postal Address Postal Suburb ersons Permitted to Si Role Certification Controller / Respont Backup Cert Controller / Respont	Phone: Fax: gn or Verification Person insible Pers	fy Plant Hea	Ith Certifi	Section: Mobile: Email:	Line 2: State: First Name Line 2: State:	Hundred	Postcode:): 	ture
acility / Accreditation E Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details: Postal Address Postal Suburb ersons Permitted to Si Role Certification Controller / Respont Backup Cert Controller / Respons Authorised Signatory / Respons	Phone: Fax: gn or Verification Person insible Person ible Person	fy Plant Hea	Ith Certifi	Section: Mobile: Email:	Line 2: State: First Name Line 2: State:	Hundred	Postcode:): 	ture
Facility / Accreditation E Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details: Postal Address Postal Suburb Persons Permitted to Si Role Certification Controller / Response Authorised Signatory / Re	Phone: Fax: gn or Verification of the person ible Per	fy Plant Hea	Ith Certifi	Section: Mobile: Email:	Line 2: State: First Name Line 2: State:	Hundred	Postcode:): 	ture
Facility / Accreditation E Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details: Postal Address Postal Suburb Persons Permitted to Si Role Certification Controller / Respons Backup Cert Controller / Respons Authorised Signatory / Respons Authorised Signatory / Response Products Certified / Impo	Phone: Fax: gn or Verification of the person ible Per	fy Plant Hea	Ith Certifi	Section: Mobile: Email:	Line 2: State: First Name Line 2: State:	Hundred	Postcode:): 	ture
Facility / Accreditation E Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details: Postal Address Postal Suburb Persons Permitted to Si Role Certification Controller / Respons Authorised Signatory / Respons Authorised Signatory / Respons Authorised Signatory / Respons Products Certified / Impo	Phone: Fax: gn or Verification of the person ible Per	fy Plant Hea Last N	Ith Certifi	Section: Mobile: Email:	Line 2: State: First Name Line 2: State: Siven Name(s)	Hundred	Postcode:): 	ture
Facility / Accreditation E Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details: Postal Address Postal Suburb Persons Permitted to Si Role Certification Controller / Respons Authorised Signatory / Respons Authorised Signatory / Respons Authorised Signatory / Respons Products Certified / Impo	Phone: Fax: gn or Verification of the person in the person interest interest. prediction of the person interest interest. prediction of the person interest interest.	fy Plant Hea Last N	Ith Certifi	Section: Mobile: Email:	Line 2: State: First Name Line 2: State: Siven Name(s)	Hundred	Postcode:): 	ture
Facility / Accreditation E Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details: Postal Address Postal Suburb Persons Permitted to Si Role Certification Controller / Resport Backup Cert Controller / Resport Authorised Signatory / Response Authorised Signatory / Response Authorised Signatory / Response Products Certified / Import (List all fruit & vegetable types, mach grapevines or nursery stock) Seasonal Operator: (tick or importing Details	Phone: Fax: gn or Verification of the person ible Per	fy Plant Hea Last N	Ith Certifi ame	Section: Mobile: Email: Cation G e operating	Line 2: State: First Name Line 2: State: Siven Name(s)	Hundred	Postcode: Specimen	Signat	
Facility / Accreditation E Facility Address Line 1: Suburb: Accreditation Contact: Position: Property Valuation No.: Contact Details: Postal Address Postal Suburb Persons Permitted to Si Role Certification Controller / Respons Backup Cert Controller / Respons Authorised Signatory / Respons Authorised Signatory / Respons Products Certified / Impo (List all fruit & vegetable types, mact grapevines or nursery stock) Seasonal Operator: (tick or Verball Controller)	Phone: Fax: gn or Verification Person ible Person ibl	Fy Plant Hea Last N	Ith Certifi	Section: Mobile: Email: Cation G e operating	Line 2: State: First Name Line 2: State: Siven Name(s)	Hundred	Postcode: Specimen): 	

ENSURE YOU ALSO COMPLETE AND SIGN SECOND PAGE

ACCREDITATION / REGISTRATION APPLICATION Plant Health Act 2009 ICA/CA Accreditation Sec 16 / Registration Sec 26

APPENDIX 1
ICA / CA / IR

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

Product / Certification Assurance R The business must carry out the necessary accordance with the applicable Operation requested below and is granted and end I hereby request to use the following alter I / We the undersigned applicant(s) do homy/our knowledge and belief and make to business as a representative appointed to the surface of the surface	ary responsibilities and duties nal Procedure unless permis lorsed by Biosecurity SA - Platernative or additional records/ereby declare that the informathis application on my behalf,	s, and maintain records sision to use different recordent and Food Standards of methods detailed below. Granted by PIRS. Inspector Initials of attion provided herein is a	rds/methods on this form. A Stamp Courate to the	PIRSA STAMP
*Name of Partner / Director (print)	Designation	Signature		Date
			/	/
			/	/
			/	/
			/	/
Note: Where applicants are members of a partr For corporations/associations a Director, Compuse the following checklist to ensure you have ☐ You, All Partners or Director have signed ☐ Type of ownership indicated. ☐ Copy of Applicants must provide an Annual Return Incomplete applications will delay processing Please direct any queries regarding this applications.	pany Secretary or Manager with less provided key information to enable above. All Responsible Per Company Certification attached non the prescribed form each years they will need to be returned.	gal authority to sign for the colle the application to be processons have signed page 1. If (new applicants). ear they are accredited.	essed. ABN is pro	vided.
Office Use Only				
DESK AUDIT ☐ Passed ☐ No Alternate record-keeping granted Yes ☐	t Passed because			
Name of Desk Auditor (please print)	Signature of Officer	/ Date	PIRSA STAN	1P

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

ACCREDITATION / REGISTRATION APPLICATION Plant Health Act 2009 ICA/CA Accreditation Sec 16 / Registration Sec 26

APPENDIX 1
ICA / CA / IR

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.

Manager, Market Access & Systems
Department of Primary Industries & Regions