

**REQUEST FOR CERTIFICATION OF FRUIT, VEGETABLES,
PLANTS or FLOWERS**



Government of South Australia
Department of Primary Industries
and Regions

GENERAL ENQUIRES:

PIRSA Plant Health Operations Market Access

Adelaide: 08 8207 7814

0417 800 723

Yamba: 08 8586 6761

ALL FORMS TO BE SENT TO:

Email: PIRSA.PlantHealthMarketAccess@sa.gov.au

Fax: 08 8349 8310

CONSIGNOR DETAILS (exporting business requesting certification)

If "Customer IP # & trading name" completed, business name and physical & mailing addresses are not required.

Customer IP # & trading name: _____

Contact Person Name: _____ Contact Number: _____

Business Name: _____

Physical Address of business: _____

Mailing Address of business: _____

CONSIGNEE DETAILS (Importer/receiver of produce)

Consignee Name: _____

Delivery address: _____

EXPORTED MATERIAL:

GROWER & ADDRESS	PACKER & ADDRESS	BRANDING/ LABELLING	PRODUCE TYPE & VARIETY	PACKAGE TYPE & QUANTITY
e.g. ABC Farms, Lot 56 Riverland Lane REMARK SA 5341	e.g. ZZZ Packing Sheds, 123 Adelaide Street ADELAIDE SA 5001	e.g. "ZZZ Fresh Produce"	e.g. Bananas, Cavendish	e.g. 20kg boxes x 162 (3 pallets)

Note: Please complete an attachment for additional lines.

INSPECTION DETAILS:

Location of Inspection: _____

Requesting Date: _____ Requesting Time: _____

I, the undersigned authorised representative of the above business, do hereby request the certification and accept responsibility for the associated costs as prescribed under Schedule 2 of the Plant Health Regulations 2009

I understand it is an offence under the Plant Health Act 2009-s.51 to provide false or misleading information and holds a maximum penalty of \$10,000. I declare the information provided in this request is true and accurate.

I understand, that the provision of the requested certification is dependent upon both the availability of PIRSA staff and their need to verify that the produce to be inspected does meet all necessary entry requirements and I may be required to provide further information to support the request.

Authorised person's Name: _____ Signature: _____ Date: _____

For Office Use Only.

Interstate entry requirements verified? (initial and date by inspector)

☐ Yes, target pests and condition _____

Prep/certification time: _____

Inspection time: _____

☐ Labelling meets *Plant Health Regulations 2009* section 5

Travel time: _____