

APPLICATION FOR ACCREDITATION OF A BUSINESS FOR AN
COMPLIANCE ARRANGEMENT (ICA or CA)

Complete this Application clearly and return to Plant Health Operations, 46 Prospect Rd, Prospect SA, 5082.
(Please print. See Conditions and 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 Operational Procedure (CA Arrangement) at one Facility

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

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

ICA/CA Number Title of Compliance Arrangement Operational Procedure

CA	1	1	Movement of Wheat Seeds from SA to WA
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Applicant Details.

Type of Business. (Tick or mark one)

Individual Partnership Incorporated Company Cooperative Association Trust

Applicant(s) Name(s)

Individual Name:

OR Business Name:

OR Partners Names:

(Provide additional partners on a separate sheet)

Other Trading Names:

ABN / ACN Number:

Last Name	First Name
Last Name	First Name
Last Name	First Name

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

Location of Business Facility (Physical street address, lot number)

Facility Address Line 1:

Suburb:

Property Valuation #:

Contact Details:

		Line 2:	
		State:	Postcode:
		Section:	Hundred:
Phone:	Mobile:		
Fax:	Email:		

Section/Hundred/Property Valuation # details appear on council rate notices

Postal Address

Postal Suburb

		Line 2:	
		State:	Postcode:

Principal Contact Person

Principal Contact:

Position:

Contact Details:

Last Name		First Name	
Phone:	Mobile:		
Fax:	Email:		

Persons Permitted to Sign Plant Health Assurance Certificates

Role	Last Name	Given Name(s)	Specimen Signature
Certification Controller			
Back-up Cert Controller			
Authorised Signatory			
Authorised Signatory			
Authorised Signatory			

Product Certified:

Seasonal Operator:

YES	NO	
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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 Operational Procedure unless application to use alternate or additional records/methods is made below and PIRSA permission is granted and endorsed 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. Corporations/Associations must provide signature of a Director or the Company Secretary. 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 Certification attached (new applicants) Required fee attached or has been paid.
- The applicant must provide an Annual Return on the prescribed form by the 30th of July each year they are accredited.

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

- For the purposes of this accreditation the following conditions may apply:
- The applicant must operate in full accordance with the ICA/CA Operational Procedure, which includes maintenance of prescribed records, for regular audit.
 - The applicant is responsible to ensure that staff undertaking responsibilities required of this 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 which must be prominently displayed at the Business Facility.

A copy of the relevant Operation Procedure 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 OF A BUSINESS FOR AN
COMPLIANCE ARRANGEMENT (ICA or CA)**

Application Notes

Applicant Details

The form must be completed by an Applicant on their own behalf or on behalf of a 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.

Operational Procedure / Arrangement

The ICA or CA Arrangement number and name you are seeking to become accredited for must be entered here. E.g. ICA23, CA01 etc. Applications without these details will be delayed or not processed.

Business Name

The registered name of the Business, Corporation, Association or Trust (if a Family Trust a trustee representing the Trust). Use attachment if insufficient room.

Trading Name(s)

Any other trading names used. Use attachment if insufficient room.

ABN / Business Type

ABN is the Australian Business Number.

The Business type shall be either – Individual, Partnership, Incorporated Company, Co-operative Association, Trust or other legal entity. (It may not be a Family Trust).

Have you, 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.

Location of Business Facility

Must clearly indicate the location or physical address details where product will be verified that will enable a PIRSA officer to easily locate the premises. This will usually be the registered address of the business.

Property Valuation # / Section and Hundred

Must clearly indicate the property Valuation number, Section and Hundred of the location address. These are available from the rate notice that applies to the property.

Postal Address

A mailing address may be provided for posting of all correspondence.

Principal Contact Person

Details of the principal contact to be used in regard to the operation of this accreditation.

Responsible Persons

Provide the details of the Responsible Persons able to verify product on behalf of the accredited business.

Import Details

Indicate imported product / equipment / machinery you expect to verify under this procedure, along with the anticipated States of origin, total estimated number of consignments per year and whether you operate seasonally.

Signing *

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

Applications require necessary fee to be attached if not already paid – see www.pir.sa.gov.au/ica

A separate application must be lodged for Registering as an Importer – see www.pir.sa.gov.au/ica

Gary Cox,

Leader, Market Access & Certification, PIRSA Plant Health Operations.