

PRIMARY PRODUCE (FOOD SAFETY SCHEMES) ACT 2004
**SEAFOOD FOOD SAFETY SCHEME
APPLICATION FOR ACCREDITATION
BIVALVE MOLLUSCS**



Government of South Australia
Biosecurity SA

This form is to be completed by the aquaculture or fisheries licence holder seeking accreditation under the **Primary Produce (Food Safety Schemes) (Seafood) Regulations 2017** that establishes the Seafood Food Safety Scheme for bivalve mollusc producers.

The completed application along with all relevant fees are to be returned to:-
The Administrative Officer, Food Safety Program, Biosecurity SA, GPO Box 1671, ADELAIDE SA 5001.

The application must be accompanied with the **application fee of \$544.00.**

See the last page of this application for all fees to be paid.

PERSONAL DETAILS

Please include phone, facsimile and mobile telephone details.

Licence Holder Name (First Name and Surname)
Postal Address
P/code
Contact Phone Number
Mobile Number
Email Address

OPERATING DETAILS

Please indicate the location(s) of the shore based facility where the bivalve molluscs are packed for sale for human consumption.

Note: If packing occurs on a fishing vessel indicate address of where vessel is moored.

Company Name
Australian Business Number (ABN)
Trading Name
Site Addresses of Shore Based Facility:
(Site 1)
P/code
(Site 2)
P/code

LICENCE NUMBER(S)

A prerequisite of accreditation under the Seafood Food Safety Scheme is that the applicant holds an aquaculture or fisheries licence authorising the farming or taking of bivalve molluscs.

Please indicate the licence number(s) for your business issued by Primary Industries and Regions SA

License Number(s)		

MANAGEMENT DETAILS

Please list all persons who manage or control the day-to-day operations of the business, including all the principal directors of the company or partners in the business.

Name (First Name and Surname)
Position in Company or Business
Residential Address
P/code

Name (First Name and Surname)
Position in Company or Business
Residential Address
P/code

Name (First Name and Surname)
Position in Company or Business
Residential Address
P/code

In the last five years, have you, the company, or any directors of the company, or anyone in a management role been convicted of:-

- An offence against the Primary Produce (Food Safety Schemes) Act 2004, or the Food Act 2001, or any Commonwealth, Territory or State law Yes No
- An offence of dishonesty Yes No
- An indictable offence Yes No

DECLARATION OF APPLICANT

I
of
located at

.....
declare that the particulars set out in the application with all supporting documentation are true to the best of my knowledge and belief.

Signature of Applicant Date

If you require further clarification or assistance in completing the application form please contact the Manager, Primary Industries Food Safety, Paul Dowsett on 8429 0126.

FEES AND CHARGES TO ACCOMPANY THIS APPLICATION

An assessment of premises is normally carried out prior to approval of accreditation and is covered by the application fee. Other audits and/or inspections of your operation carried out by the Biosecurity SA Food Safety Program are charged at **\$287.00 per hour**.

The completed application along with the relevant fees are to be returned to:
The Administrative Officer, Food Safety Program, Biosecurity SA, GPO Box 1671, ADELAIDE, SA, 5001.

Fees and charges to accompany this application

Application Fee **\$544.00**

The application fee is to accompany this application

Only when the Biosecurity SA Food Safety Program has received all the relevant fees will the application be processed. If approved, the applicant will receive a Certificate and Conditions of Accreditation.

The applicant will be invoiced separately for the annual fee based on the information contained in the application.

PAYING BY VISA OR MASTERCARD

If paying the application fee and initial assessment charge by Visa Card or Mastercard please complete the details below and forward with the application. Please cross all cheques "Not Negotiable" and make payment to Primary Industries and Regions SA (PIRSA). No liability will be accepted for cash payments forwarded by mail.

Please charge my Visa Mastercard (please tick card applicable)

Card Number _____

Expiry Date ____ / ____

CCS No _____ (the three digit number on the reverse side of the card)

Cardholder's Name (as shown on the card) _____

Cardholder's Signature _____

PIRSA BANKING DETAILS

Alternatively, the applicant can use their bank's facilities to make an electronic funds transfer (EFT) from their bank account directly into the PIRSA bank account.

Various bank's electronic funds transfer facilities offer one or two short description fields to convey information from the customer to PIRSA. If the applicant provides insufficient or ambiguous descriptive information with their EFT payment, then PIRSA will have difficulty in allocating the money correctly. Please quote enough information to match the EFT with this application.

Bank	Commonwealth Bank of Australia
BSB	065-266
Account	10000792
Account Name	PIRSA Collection Account

If paying by electronic funds transfer **please attach the remittance to this application.**