



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

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:-
Administrative Officer, Food Standards Program, GPO Box 1671, ADELAIDE SA 5001.

The application must be accompanied with the **application fee of \$604.00.**

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

PERSONAL 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 the Department of Primary Industries and Regions

License Number(s)		

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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, any directors of the company or anyone in a management role been convicted of –

<ul style="list-style-type: none"> An offence against the Primary Produce (Food Safety Schemes) Act 2004, or the Food Act 2001, or any related Commonwealth, Territory or State law 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> An offence of dishonesty 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> An indictable offence 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify for individual applicants or body corporate applicants	
1. Have you / any director of the body corporate ever committed an offence against <ul style="list-style-type: none"> a. The Act b. The Food Act 2001 c. A law of the Commonwealth or any State or Territory of the Commonwealth that corresponds to any of the above Acts 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you / any director of the body corporate ever committed an offence of dishonesty	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you /any director of the body corporate or entity which you/ they operate or have operated ever been the subject of any investigation/disciplinary/regulatory or legal process under a regulatory scheme relating to food or food production in South Australia or any other State or Territory of the Commonwealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes to any of the above questions, please provide details of the offence and any penalties imposed. Please attach any relevant supporting documentation	

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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 Standards , Sarah Spurling on 8429 2839.

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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 Food Standards Program are charged at **\$319.00 per hour**.

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

Fees and charges to accompany this application.

Application Fee **\$604.00**

The application fee is to accompany this application. This application does not operate as accreditation. You are reminded that in South Australia it is an offence to carry on the applied for activity without approved accreditation.

Only when the Biosecurity SA Food Standards Program has received all the relevant fees will the application be processed

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.

☐ 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

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	Australia and New Zealand Banking Group (ANZ)
BSB	015-101
Account	838531884
Account Name	PIRSA Collection Account
In Reference	Please include your name and "Application Fee"

Please attach the remittance to this application.

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