

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.
(Please print. See Conditions / 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 Procedure (Arrangement) at one Facility

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

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

ICA/CA/IR Number:

CA	05
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 Title of Arrangement Operational Procedure or Registration *

MOVEMENT OF STONE FRUIT FROM SOUTH AUSTRALIA TO WESTERN AUSTRALIA
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Tick box if you wish this application to apply to both CA01/(IVCA) and IR01 ? yes

Applicant Details.

Type of Ownership of Business. (Tick or mark one)

Individual Partnership Incorporated Company Cooperative Association Trust Government

Individual Name:	Last Name	First Name	
Business Name:			
Postal Address Line 1:	Line 2:		
Suburb:	State:	Postcode:	
Partner Names:	Last Name	First Name	
	Last Name	First Name	
	Last Name	First Name	
Other Trading Names:			
ABN / ACN Number:			

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
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A Company must attach a copy of *Certification of Incorporation* with new applications. Certification is attached
A Co-operative Association must attach a copy of *Certificate or Registration* to new applications

Facility / Accreditation Details

Facility Address Line 1:	Line 2:		
Suburb:	State:	Postcode:	
Accreditation Contact:	Last Name	First Name	
Position:			
Property Valuation No.:	Section:	Hundred:	
Contact Details:	Phone:	Mobile:	
	Fax:	Email:	
Postal Address	Line 2:		
Postal Suburb	State:	Postcode:	

Persons Permitted to Sign or Verify Plant Health Certification

Role	Last Name	Given Name(s)	Specimen Signature
Certification Controller / Responsible Person			
Backup Cert Controller / Responsible Person			
Authorised Signatory / Responsible Person			
Authorised Signatory / Responsible Person			

Products Certified / Imported:
(List all fruit & vegetable types, machinery, grapevines or nursery stock)

Seasonal Operator: (tick or Y = Yes)

NO	YES	If yes, indicate operating months
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Importing Details

Consignments per year

	Nursery Membership Y= Yes / N= No	NGISA	NIASA	AGCAS
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States of Origin: (tick or Y = Yes)

QLD	VIC	WA	NSW	NT	TAS	Overseas
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ENSURE YOU ALSO COMPLETE AND SIGN SECOND PAGE

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

Product / Certification Assurance Records and Methodology

The business must carry out the necessary responsibilities and duties, and maintain records strictly in accordance with the applicable Operational Procedure unless permission to use different records/methods is requested below and is granted and endorsed by Biosecurity SA - Plant and Food Standards 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. For corporations/associations a Director, Company Secretary or Manager with legal authority to sign for the company must sign. 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 Company Certification attached (new applicants).

Applicants must provide an Annual Return on the prescribed form each year they are accredited.

Incomplete applications will delay processing as they will need to be returned.

Please direct any queries regarding this application or the Accreditation/Registration to the Market Access Officer on 8207 7814.

Office Use Only

DESK AUDIT <input type="checkbox"/> Passed <input type="checkbox"/> Not Passed because	
Alternate record-keeping granted Yes <input type="checkbox"/> No	
..... / /	
Name of Desk Auditor (please print)	Signature of Officer
	Date
	PIRSA STAMP

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

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.

Gary Cox,

Manager, Market Access & Systems, Biosecurity SA - Plant Health.



Attachment 1b

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ATTACHMENT TO APPLICATION

FOR REGISTRATION OF PACKHOUSE(S) AND ORCHARD(S) TO OBTAIN CERTIFICATION FOR
MOVEMENT OF STONE FRUIT GROWN IN SOUTH AUSTRALIA TO WESTERN AUSTRALIA

Previously Registered New (Tick one)

Name of Business			
Business Address			
Owner / Contact			
Phone		Mobile	
Fax		Email	
Business Packhouse Location(s) (please include any storage areas at different locations)			
1.		SFWAP -	
2.		SFWAP -	
3.		SFWAP -	
OR 3rd Party Packhouse Location Details			
1.		SFWAP -	
Orchard / Location and Number(s)		Area (Hectares)	Estimated Yield (Kg)
1.			SFWAO -
2.			SFWAO -
3.			SFWAO -
4.			SFWAO -
Please attach to this application a list of additional orchards, including size and expected yield. A map detailing each orchard must be attached to this application. The map will need to detail the location, varieties grown and the hectares planted.			
Oriental Fruit Moth (OFM) Details			
Tick OFM option; <input type="checkbox"/> Inspection, <input type="checkbox"/> Trapping <input type="checkbox"/> Fumigation or <input type="checkbox"/> WA Approved Program			
Nominated 3 rd Party Provider: [Inspection can be provided by Biosecurity SA]			
Name:		Phone	
Address:			

Persons in addition to Applicant responsible to ensure procedure requirements are met & sign declarations

Nominated Certification Controller	
Nominated Back-up Certification Controller	

I, the Applicant accept the conditions of the Movement of Stone Fruit from SA to WA and declare that all information contained in this attachment to my application is true and correct and authorise Biosecurity SA to obtain any OFM Inspection/ Monitoring or Trapping results/reports directly from any above-nominated 3rd Party Provider if necessary.

Name in Full (please Print)

Signature

Date

Office Use Only

Pack House Registration Number(s)	
(1) SFWAP -	(2) SFWAP -
Orchard Registration Number(s)	
(1) SFWAO -	(2) SFWAO -
(3) SFWAO -	(4) SFWAO -
Accreditation Date	Accreditation Return due on
Inspector's Name	Signature

Biosecurity SA STAMP



Attachment 2

**CONSIGNMENT DECLARATION
(Stone Fruit to WA)**

This declaration must be completed and signed by an authorised signatory of the accredited business for each consignment and presented to the Biosecurity SA Inspector prior to issue of a Plant Health Certificate.

I, (Name), the undersigned authorised signatory of the accredited business, request certification for the consignment detailed below to enter Western Australia and do hereby declare that the consignment meets the requirements of the relevant Procedure and that the following details are true.

1 BUSINESS NAME

2 PRODUCE TYPE

3 ORCHARD #(S), Number and TYPE OF PACKAGES

ORCHARD NUMBER (SFWAO)	PACK-HOUSE NUMBER (SFWAP)	NUMBER OF PACKAGES	TYPE OF PACKAGES

4 STONE FRUIT ORCHARD OFM STATUS (tick appropriate option)

STONE FRUIT ORCHARD OFM INSPECTION

ORCHARD NUMBER (SFWAO)	SUCCESSFUL OFM INSPECTION DATE	HARVEST DATE

STONE FRUIT ORCHARD OFM TRAPPING

Orchard Trapping was in place at harvest and no detections were recorded.

SAFFGA COMPLIANCE PROGRAMME

Alternate requirements have been fully met and no detections recorded.

STONE FRUIT FUMIGATION

This consignment is to be Fumigated with Methyl Bromide at my expense, either on arrival in WA or at the following fumigation premises;

..... (Details of Fumigator)

Signed Date