|  |  |  |
| --- | --- | --- |
| **Giving false or misleading information is a serious offence**  Biosecurity SA is collecting the information on this form to enable a quarantine assessment of the product named to be made, and to determine if a Plant Health Import Certificate can be granted. Collection of this information is authorised under the *Plant Health Act 2009*. Please note that the information provided in this application may be provided to other agencies as authorised. | | |
| Application to Import | Biosecurity SA **Plant Health Import Certificate No.** |  | |

|  |
| --- |
| ***Please indicate with an ‘X’ which of the below items you wish to import:*** \_\_\_\_ Machinery / Equipment \_\_\_\_  **Diagnostic material: Soil / Plant / Grapevine material** \_\_\_\_ Non-diagnostic: Plant / Other material |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Receiver/Importer Details | | | | | | | | | | | | | | | | | | |
| **Title** |  | **First Name/s** | | | | | | | | | | | | |  | **Surname** | | |
|  |  |  | | | | | | | | | | | | |  |  | | |
| **Organisation/Business Name** | | | | | |  | **ABN (if applicable)** | | | | | | | |  | **Contact Person** | | |
|  | | | | | |  |  | | | | | | | |  |  | | |
| **Location Address** (Please note a P.O. Box address is not acceptable) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Suburb** | | | | | | | |  | | **State/Territory** | | | | | | |  | **Postcode** |
|  | | | | | | | |  | |  | | | | | | |  |  |
| **Mailing Address** (A postal address must be provided) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Suburb** | | | | | | | |  | | **State/Territory** | | | | | | |  | **Postcode** |
|  | | | | | | | |  | |  | | | | | | |  |  |
| Email | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Telephone** | | |  | **Mobile** | | | | |  | |
|  | | |  |  | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Sender/Exporter Details | | | | | | | | | | | | | | | | | | |
| **Title** |  | **First Name/s** | | | | | | | | | | |  | **Surname** | | | | |
|  |  |  | | | | | | | | | | |  |  | | | | |
| **Organisation/Business Name** | | | | | | | |  | | **Contact Person** | | | | | | | | |
|  | | | | | | | |  | |  | | | | | | | | |
| **Location Address** (A P.O. Box is not acceptable) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Suburb** | | | | | | | |  | | **State/Territory** | | | | | | |  | **Postcode** |
|  | | | | | | | |  | |  | | | | | | |  |  |
| **Mailing Address** (A postal address must be provided) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Suburb** | | | | | | | |  | | **State/Territory** | | | | | | |  | **Postcode** |
|  | | | | | | | |  | |  | | | | | | |  |  |
| **Email** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Telephone** | | |  |  | **Mobile** | | | | | |  |
|  | | |  |  |  | | | | | |

***\*Please complete section A or B below relevant to Plant Health Import Certificate Application***

|  |  |
| --- | --- |
| **A. MACHINERY/EQUIPMENT DETAILS:** | |
| **Type of machinery/equipment** | **Description, Make & Model** (including serial numbers) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **MACHINERY HISTORY / RELEVANT INFORMATION:** |
| (Information on the used machinery/equipment including where it was last used, what it was last used for and where it has been located for the past six months) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **B. DIAGNOSTIC / SOIL / PLANT / OTHER DETAILS:** | | | |
| **Product or commodity** | **Scientific name**  (Genus, species) | **Quantity / volume** | **Source** (e.g. location where samples have been sourced) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **PRODUCT DETAILS / DESCRIPTION / PRODUCT PREPARATION / DISPOSAL:** |
| (Information on product preparation, purpose or type of diagnostics being undertaken, and proposed method of disposal) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Transport details | | | |
|  | | | |
| **Mode of transport** (e.g. road, rail, sea, or air) |  | | **Estimated date of arrival** (day/month/year) |
|  |  | |  |
|  | | | |
| **Company name** |  | | **Contact person** |
|  |  | |  |
|  | | | |
| **Address** |  | **Telephone/mobile** | |
|  |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Suburb** |  | **State/Territory** |  | **Postcode** |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Approved Plant Health Import Certificate | | | | | |
| **Please mark your preferred option for delivery of the certificate with “X"** | | | | | |
|  |  | Email |  | Post |
|  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant’s Details for Billing Purposes | | | | | | | | | | | | | | | | | |
| **Title** |  | **First Name/s** | | | | | | | | | |  | **Surname** | | | | |
|  |  |  | | | | | | | | | |  |  | | | | |
| **Organisation/Business Name** | | | | | |  | **ABN (if applicable)** | | | | | | |  | **Contact Person** | | |
|  | | | | | |  |  | | | | | | |  |  | | |
| **Location Address** (P.O. Box is not acceptable) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Suburb** | | | | | | | |  | **State/Territory** | | | | | | |  | **Postcode** |
|  | | | | | | | |  |  | | | | | | |  |  |
| **Mailing Address** (Postal address must be provided) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Suburb** | | | | | | | |  | **State/Territory** | | | | | | |  | **Postcode** |
|  | | | | | | | |  |  | | | | | | |  |  |
| **Email** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Telephone** | | |  |  | **Mobile** | | | | |  |
|  | | |  |  |  | | | | |

|  |
| --- |
| **Importer Declaration** |
| I declare the commodity, detailed in this application, will be presented in accordance with all quarantine restrictions and conditions specified in any Plant Health Import Certificate issued, as a result of this application.  I also declare the information I have provided is true and accurate to the best of my knowledge. |

|  |  |  |
| --- | --- | --- |
|  | | |
| Name of Applicant |  | **Date** (Day/month/year) |
|  |  |  |

**\***The application form to be submitted to Biosecurity SA - Plant Health either via:

* **Email:** [pirsa.planthealth@sa.gov.au](mailto:pirsa.planthealth@sa.gov.au)
* **Post:** Biosecurity SA Plant Health, 33 Flemington Street, Glenside SA 5065

**\*Applications will usually be processed *within* two business days**

***A tax invoice will be posted to the Applicant listed for billing purposes on this form.***

***BSA OFFICE TO COMPLETE***

**Plant Health Import Certificate**

*Plant Health Act 2009*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Certificate No:** | **XXX 000000** | **Valid From:** | **00.00.0000** | **Valid To:** | **00.00.0000** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***You are authorised to import the following ………………. into South Australia under the listed conditions.***  ***This authorisation also registers you as an importer pursuant with section 33 of the Plant Health Act 2009 for the period of the authorisation.***   |  |  |  | | --- | --- | --- | | Description | Exporter Details / Comments | Importer Details / Comments | |  |  |  | |

|  |  |  |
| --- | --- | --- |
| **Name of Authorised Officer** | | Official  Stamp |
|  |  |
| **Signature** | |
|  |  |
| **Date** | |
| 00.00.0000 |  |