

Application for accreditation as a biosecurity certifier

Certification Assurance Arrangement

Part 14 of the Biosecurity Act 2015 (NSW)

This is the approved form to apply for a biosecurity certifier accreditation for Certification Assurance Arrangements. Once accredited, the entity will be able to self-certify certain produce to allow interstate and intrastate trade by complying with the individual operational arrangement and meeting the quarantine requirements of the destination.

The information requested in this form enables the Department of Primary Industries and Regional Development (Department) to process the application, as prescribed in the *Biosecurity Act 2015 (Act)*. Your application must be assessed and accreditation granted by the Department before you can proceed with the proposed activity.

Before lodging this application, you should be familiar with the requirements of the Act and Biosecurity Regulation 2017. Copies of these are available on the Department website. See <https://www.dpi.nsw.gov.au/about-us/legislation/list/biosecurity-act-2015>

How to submit this form

This application form must be submitted at least 60 days prior to the planned date that the (certified) produce is to be sent to allow time for the application to be processed. Send the completed form to the Department via one of the following methods:

- Email: bfs.admin@dpird.nsw.gov.au
- Mail: Department of Primary Industries and Regional Development
PO Box 232, TAREE NSW 2430

Term of accreditation

The applicant can select either a 1-year or 5-year term of accreditation. The term commences on the date the application is approved, unless notified otherwise by the Department.

Prescribed fee

- A fee of \$255 (incl. GST) is payable for a 1-year accreditation and \$750 (incl. GST) for a 5-year accreditation for each operational arrangement identified in Section 3 of the application.
- This fee is to be paid on application submission.
- For an application for additional operational arrangement/s made during a biosecurity certifier's accreditation period, a fee will be charged that is proportionate to the remaining period of accreditation. Following submission of a complete application, an invoice will be forwarded to the applicant for payment.

Application process

The accreditation authority will review an application within 10 business days of receiving the application and notify the applicant if any further information is required.

Accreditation approval

A new biosecurity certifier will be allocated a unique Interstate Produce (IP) number and a facility number. A Certificate of Accreditation as a Biosecurity Certifier will be returned to the applicant's postal or email address, with a copy of the 'Interstate Certification Assurance (ICA) and Certification Assurance (CA) arrangements – Fact Sheet' and the 'Work Instruction 01: Guidelines for completion of Plant Health Assurance Certificates'. If Plant Health Assurance Certificates are ordered (to be used when self-certifying), these will be posted.

Contact us

For more information, contact the NSW Biosecurity Helpline on 1800 680 244 or bfs.admin@dpird.nsw.gov.au

1. Type of application *(select one only)*

New application Variation

a) For variation, complete the following:

Biosecurity Certifier Accreditation Number

Interstate Produce Number (IP Number)

b) Purpose of variation (applies to variation only)

2. Applicant details

Complete (i) for individual / partnership details OR (ii) for company / trust / association details

(i) - **Individual / Partnership Business Structure** *(please tick appropriate box)*

Individual Partnership

Family Name

First Name(s)

Trading Name *(if applicable)*

I operate under a trading name and have provided a copy of the Business Name Certificate issued either by Fair Trading NSW (before 28/5/2012) or ASIC (after 28/5/2012).

ABN

Postal Address

Town

State

Postcode

Phone

Mobile

Fax

Email

Authorised contact details (if different to information provided above e.g. Manager, QA, Admin, etc.)

Name

Position

Phone

Mobile

Email

(ii) - Company / Trust / Association Business Structure *(please tick appropriate box)*

Company Trust Association Other

Company Name *(if applicable)*

I am a company and have provided a copy of the full ASIC Company Statement
(showing names of public officers/directors)

ACN

Trust Name *(if applicable)*

I am a trust and have provided name(s) of nominated person(s) to receive correspondence.

Association Name *(if applicable)*

I am an association and have provided a copy of the Certificate of Incorporation.

Trading Name *(if applicable)*

I operate under a trading name, and have provided a copy of the Business Name Certificate issued either by Fair Trading NSW (if before 28/5/2012) or ASIC (if registered after 28/5/2012).

ABN
Postal Address
Town State Postcode
Phone Mobile
Fax Email

Authorised contact details (if different to information provided above e.g. Manager, QA, Admin, etc.)

Name
Position
Phone Fax
Mobile Email

Preferred method of contact *(please tick appropriate box)*

Any Email Post

Accreditation history of applicant

Is/has the applicant been accredited in NSW or another jurisdiction for the movement of produce?

No Yes

If yes, provide the Interstate Produce (IP) Number and Facility number/s

N

The applicant may correct personal information by contacting the NSW Biosecurity Helpline at 1800 680 244, bf.admin@dpi.nsw.gov.au or PO Box 232, Taree NSW 2430.

3. Operational Procedure and Facility Details

- a) Identify the Operational Procedure requested to be authorised under this accreditation application. If this application is for more than one Operational Procedure or more than one facility, please copy this page and complete each procedure/facility you are applying for.

The list of operational procedures can be found at

<https://interstatequarantine.org.au/producers/interstate-certification-assurance/new-south-wales/> (ICA) and <https://www.dpi.nsw.gov.au/biosecurity/plant/market-access/procedures> (CA)

Reference Number Title of operational procedure (provide full title)

ICA	<input type="text"/>	<input type="text"/>
CA	<input type="text"/>	<input type="text"/>

Indicate the part/s of the operational procedure selected above for which accreditation is sought.
**if the Operational Procedure is documented in two or more parts, indicate the part or parts for which accreditation is sought.*

Part A only Part B only Part A & B

Does the applicant intend to operate this operational procedure for more than 6 months of this accreditation year?

Yes No: specify period of time (e.g. Sept to Dec)

- b) Trading name of the facility (*supply any business names used by the applicant on packages of certified items*)

- c) Address of facility

Street address

Suburb/Town

State

Postcode

Fax

Phone

Mobile

Email

Real Property Description(s) (RPD) (available from Rates Notice or Local Government Authority)

<i>Lot</i>	<i>DP</i>	<i>Local Government Area (LGA)</i>

List the types of produce to be certified for this ICA Arrangement.

<i>Produce type</i>	<i>Produce type</i>

d) Additional certification endorsements requested:

Description	Additional certification code	Enter code/s requested
Grown and packed on a property more than 100 km from a known infestation of Melon Thrips (not available to businesses north of Pottsville, northern NSW)	MTF01	
Grown in an area free of Phylloxera (NSW Phylloxera Exclusion Zone) – for table grapes	PHY02	
Grown more than 100 m from a grapevine and on a property with no known history of growing Vitis spp. – for sending to SA from within the NSW Phylloxera Infested Zone	PHY08	
Nursery potting mix – soil free media	NPM01	
Sourced from a property more than 5 km from a known infestation of Red Imported Fire Ant	RAF01	

4. Responsible Personnel

a) Persons identified to sign Plant Health Assurance Certificates (PHACs) on behalf of applicant (s204A Act)

First name(s)

Last name

Specimen signature

b) Accreditation details

Has the applicant or any identified individual in 4a) been found guilty of an offence under the *Biosecurity Act 2015*, any supporting regulations, or an offence under any other Act or law?

No Yes (please provide details in the space provided below)

If additional space is required, please attach as separate pages and indicate the number of pages attached.

Has the applicant or any identified individual in 4a) ever been refused an accreditation under the *Biosecurity Act 2015* or similar accreditation under any other Act or law?

No Yes (please provide details in the space provided below)

If additional space is required, please attach as separate pages and indicate the number of pages attached.

Has the applicant or any identified individual in 4a) ever held an accreditation under the *Biosecurity Act 2015* or a similar accreditation under any other Act or law that was suspended or cancelled?

No Yes (please provide details in the space provided below)

If additional space is required, please attach as separate pages and indicate the number of pages attached.

5. Privacy Statement

This information is collected by the collecting agency identified in this form in relation to its functions under the *Biosecurity Act 2015*. This agency/s and the Department may use and disclose this information as reasonably necessary for the purpose of performing biosecurity risk functions under, or reasonably contemplated by, the *Biosecurity Act 2015*.

6. Declaration of a biosecurity certification accreditation

The applicant agrees that all information contained in this application is true and correct and certifies that they are authorised to submit this form on behalf of this business.

Full name

Signature

Date

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Individual Partner Company director Company secretary
 Sole director & company secretary

Note: It is an offence under section 308 of the *Biosecurity Act 2015* for a person to furnish information that the person knows to be false or misleading in a particular matter: in or in connection with an application under the Act, or in purported compliance with any requirement imposed by or under the Act.

7. Fee Schedule

Term	Fee per operation procedure		Number of operational procedures/books	=	Total fee
Annual	\$255 new applications	x		=	
5-years	\$750 new applications	x		=	
PHAC book	\$22	x		=	
Total					

All fees include GST.

For an application for additional operational arrangement/s made during a biosecurity certifier's accreditation period, a fee will be charged that is proportionate to the remaining period of accreditation. Following submission of a complete application, an invoice will be forwarded to the applicant for payment.

8. Payment methods:

Option 1: Money Order or Cheque

Please mail money order or cheque (crossed 'Not negotiable' and made out to Department of Primary Industries and Regional Development) along with completed application form.

Option 2: Credit Card

Complete the details below and submit the form via one of the following methods:

Name (as it appears on the card)

Type of card Visa Mastercard

Card number

Expiry date (month/year) CVC (last 3 digits on back of card)

Signature

OFFICE USE ONLY

Desk audit: Passed

Date received:

Date processed:

Name (print):

Signature:

Date: