



This following form is the approved form to be used to gain, vary or renew accreditation for an ICA arrangement. Once accredited, the nominated person(s) will be able to 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 will enable the Department to process the application, as prescribed in the Biosecurity and Agriculture Management (Quality Assurance and Accreditation) Regulations 2013. Your application must be assessed and accreditation granted by the Department before you can proceed with the proposed activity.

How to submit this form

This application form must be submitted prior to the planned date the (certified) produce is to be sent to allow time for the application to be processed.

- Email to qa@agric.wa.gov.au
- Mail to:
 - Quality Assurance Officer
 - Quarantine WA
 - Department of Primary Industries and Regional Development WA
 - Locked Bag 69
 - WELSHPOOL DELIVERY CENTER WA 6986
- Facsimile: 08 9334 1880

Prescribed fee

- **New / Renewal Applications**

An annual fee is payable for each ICA arrangement applied for at the time the application is submitted for processing. For current fees please contact the Department on 08 9334 1800 or view online at <https://www.agric.wa.gov.au/fees-charges-and-procurement>
- **Variation/Amendment of Details and Withdrawal**

No fee will be charged.

Contact us

For more information please contact the Quality Assurance team at the Department of Primary Industries and Regional Development on 08 9334 1800 or qa@agric.wa.gov.au

Type of Application

Section 1

<input type="checkbox"/> New Application for Accreditation	Complete sections 1 to 11
<input type="checkbox"/> Renewal of Accreditation	
<input type="checkbox"/> Amendment to Accreditation Details	
<input type="checkbox"/> Withdrawal of Accreditation	Complete sections 1, 2, 3, 4, 5 & 10

Type of Ownership of Business

Section 2

(tick applicable box)		Family / Discretionary Trusts cannot be accredited under an ICA Arrangement. Applicants must be a legal entity as per one of the below types.	
<input type="checkbox"/> Individual	Applicants Full Name		
<input type="checkbox"/> Partnership	Full Name of each Partner in normal order		
<input type="checkbox"/> Incorporated Company	Full Name of Organisation <small>Attach copy of Certificate of Incorporation</small>		
<input type="checkbox"/> Cooperative Association	Full Name of Organisation <small>Attach copy of Certificate of Registration</small>		

Business Details

Section 3

<input type="checkbox"/> ACN	<input type="checkbox"/> ARBN	<input type="checkbox"/> ABN			
Trading Name(s) of the Business (maximum of 3)					
Postal Address		State		Postcode	
Phone Number		Facsimile Number		Mobile Number	
Email Address					
Has the business been accredited previously in WA?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	IP No W	

Facility Details

Section 4

Street Address		State		Postcode	
Phone Number		Facsimile Number		Mobile Number	
Email Address					

Operational Procedure

Section 5

Operational Procedure ICA					
If the Operational Procedure is documented in two parts, indicate the parts for which your seeking accreditation for:		<input type="checkbox"/> Part A	<input type="checkbox"/> Part B	<input type="checkbox"/> Part A&B	
Type(s) of produce to be Certified Under this ICA Arrangement					
Does the applicant intend to operate this operational procedure for more than 6 months of this accreditation year?		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
If NO , please specify period of time (e.g. September to December)					
What records do you maintain to verify that the business is carrying out its responsibilities and duties under the Operational Procedure nominated in Section 5 of this application for accreditation?					
<input type="checkbox"/> We maintain all our records in accordance with the examples provided in the Operational Procedure; or					
<input type="checkbox"/> We have developed alternative or additional records to those provided in the Operational Procedure. (List the alternative or additional records you intend to use and attach a copy to this application)					
A:					
B:					
C:					
D:					

Persons Responsible

Section 6

Certification Controller	Full Name		Additional Authorised Signatory (1)	Full Name	
	Position			Position	
	Phone			Phone	
	Facsimile			Facsimile	
	Mobile			Mobile	
	Email			Email	
	Signature	Print document to sign		Signature	Print document to sign

Back-up Certification Controller	Full Name		Additional Authorised Signatory (2) <i>Attach separate sheet for additional authorised signatories</i>	Full Name	
	Position			Position	
	Phone			Phone	
	Facsimile			Facsimile	
	Mobile			Mobile	
	Email			Email	
	Signature	Print document to sign		Signature	Print document to sign

Person(s) Responsible History

Section 7

Has the applicant or any persons listed in Section 6, been convicted of and offence under;	<input type="checkbox"/> No <input type="checkbox"/> Yes
(a) <i>the Biosecurity and Agriculture Management Act 2007</i> ; (b) <i>the Plant Diseases Act 1914</i> ; (c) <i>the Quarantine Act 1908 (Commonwealth)</i> ; (d) <i>the Biosecurity Act 2015 (Commonwealth)</i> .	If the answer is YES, please attach a separate sheet which specifies the offence, penalty, date and place of conviction for the applicant(s) listed in Section 6.

Applicant History

Section 8

A previous application for accreditation for an ICA Arrangement has been	<input type="checkbox"/> Approved <input type="checkbox"/> Refused
Has an accreditation for an ICA Arrangement, or any other authorisation given to the applicant under the <i>Act</i> been suspended or revoked	<input type="checkbox"/> No <input type="checkbox"/> Yes

Conditions of Accreditation

Section 9

For the purposes of this agreement the following definitions shall apply:-

“applicant” means the person, corporation, or other legal entity who is accredited under this agreement.

“inspector” means an inspector employed by the Department of Primary Industries and Regional Development, Western Australia

“department” means the Department of Primary Industries and Regional Development, Western Australia (DPIRD).

“Interstate Certification Assurance system” means the processes, equipment, personnel, and resources used to implement the Operational Procedure nominated in Section 5.

Conditions

- (i) The applicant must obtain and operate the interstate certification assurance system in accordance with the Operational Procedure nominated in Section 5, and must maintain the records specified in Section 5; and
- (ii) The applicant will, upon request, allow an inspector to enter any premise where produce certified under the agreement is treated or dispatched, or where any produce, equipment, chemicals, documents or records are stored; and
- (iii) The inspector may inspect or take samples of any relevant item present on the premise at the time of the search; and
- (iv) The applicant must take all steps to assist an inspector in the conduct of audits including allowing the inspector or officer to interview any employee of the applicant in relation to the implementation of the interstate certification assurance system; and
- (v) The applicant authorises the person listed in section 6 of this application to issue certificates on his or her behalf; and
- (vi) The applicant agrees to pay to the Director General of the Department any costs associated with the conduct of audits by an inspector. The applicant will be notified of these costs at the time of accreditation; and
- (vii) The Director General may suspend, amend or revoke the registration if standards and manner of conduct are not being maintained.

Declaration

<p>Before signing this application, please ensure that all sections are completed.</p> <p>This application must be signed by a director, manager or senior executive of the:</p> <p>(i) Certification Controller listed in Section 6; and</p> <p>(ii) has the responsibility for the business operations; and</p> <p>(iii) is authorised to sign application on behalf of the applicant.</p>	I	<p>declare, as the applicant, or for and on behalf of the applicant that</p> <p>i. the applicant will comply with the conditions of accreditation, and any other requirements set out by the department in relation to this approval; and</p> <p>ii. I will ensure that the nominated persons listed in Section 6 understand their responsibilities; and</p> <p>iii. the information contained in this application form is true and correct in every particular.</p>								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Position</td> <td style="width: 40%;"></td> <td style="width: 15%; padding: 2px;">Date</td> <td style="width: 15%;"></td> </tr> <tr> <td style="padding: 2px;">Signature</td> <td colspan="3" style="text-align: center; padding: 2px;">Print document to sign</td> </tr> </table>	Position		Date		Signature	Print document to sign		
Position		Date								
Signature	Print document to sign									

Please see Section 11 on last page to complete payment options

QWA QA Officers Use

Passed desk audit	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Name	Signature	Date
Notes / Comments	<hr style="border-top: 1px dotted black;"/> <hr style="border-top: 1px dotted black;"/>				

Delegate Approval

<p>In accordance with Regulation 7(6) and 9 of the <i>Biosecurity and Agriculture Management (Quality Assurance and Accreditation) Regulations 2013</i>, I <input type="checkbox"/> Approve <input type="checkbox"/> Refuse the Application for Accreditation</p>					
Name	for the DIRECTOR GENERAL	Signature	Date		
Notes / Comments	<hr style="border-top: 1px dotted black;"/> <hr style="border-top: 1px dotted black;"/>				

Payment Options

Cheque - (Send your cheque, payable to 'QUARANTINE WA' along with your completed application form.

Credit Card - Complete the details in the Payment Slip

Payment Slip

Card type Visa MasterCard

Card No.

Expiry Date / mm/yy

Name on Card

Amount \$

Signature of
Card Holder

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