

APPLICATION FOR ACCREDITATION

Please complete **ALL RELEVANT** sections and write in **BLOCK LETTERS**.

Part 1. Applicant details (All applicants must complete this part)

Has the Business been accredited previously and given an Interstate Produce (IP) Number?	<input type="checkbox"/> No, proceed to Part 2 <input type="checkbox"/> Yes
Have any business or contact details changed?	<input type="checkbox"/> No, proceed to Part 3 <input type="checkbox"/> Yes

Part 2. Business Details

Name of Business / Partners Supply names of legal entity in full. <ul style="list-style-type: none"> - For a partnership, list the full names of each partner in their nominal order. - For companies the Australian Company Number (ACN) must be provided with a copy of the Certificate of Incorporation. - For Cooperative associations proof of registration must be provided (eg. a copy of the Certificate of Registration or registration search from the Australian Securities & Investments Commission ASIC). 	
Trading Name	
ACN Number	
Contact person name (Management Representative or Certification Controller)	
Contact person email	
Contact person mobile	
Contact person phone	
Contact person fax	
Contact person postal address	

Part 3. Arrangement details (where known)

Accreditation No	V
Business name	
Reference No. of procedure, protocol, or arrangement	
Title of procedure, protocol, or arrangement. Where relevant indicate Part A, B or A & B	
Reference No. of procedure, protocol, or arrangement	
Title of procedure, protocol, or arrangement. Where relevant indicate Part A, B or A & B	
Reference No. of procedure, protocol, or arrangement	
Title of procedure, protocol, or arrangement. Where relevant indicate Part A, B or A & B	
Nominated street address of the facility(s) or property(s) (Attach additional page if required)	
Types of Plants/Products to be treated (eg apples, oranges, herbs, mature trees - if insufficient space, attach list)	

Part 4. Applicant Signatures

(Acceptance and acknowledgment of the conditions of the application – see part 6)

Note: If the applicant is a corporation, the company seal may be applied, and signed by an authorised officer. If the applicants are members of a partnership, each partner must sign the application. An Authorised Delegate may also sign here.

Name	
Position	
Signature	
Date	

Name	
Position	
Signature	
Date	

Name	
Position	
Signature	
Date	

Part 5. Delegation (only complete if the Contact Person is not an Owner, Partner, or Director)

Maintaining accreditation and contact with the department are essential functions which may be delegated to a person with day-to-day responsibility for all these activities.

Note: for the delegation to be effective all of Part 5 must be completed. Authorisation may not be further delegated.

<p>I, (full name)</p> <p>as an office bearer of the above company, hereby authorise the person whose name is shown below, to act for and on behalf of the company, for adherence to all accreditation conditions, as listed in Part 6, and for all future decisions regarding the accreditation, for the lifetime of the accreditation, or written advice from me to the contrary:</p> <p>Signature</p> <p>Date</p>

<p>Acceptance of delegation:</p> <p>I, (full name)</p> <p>accept responsibility for all accreditation conditions, as listed in Part 6</p> <p>Signature</p> <p>Date</p>
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Part 6. Conditions

For the purposes of this application the following conditions apply:

“applicant”	means the person, corporation or other legal entity listed in Part 2 of this form.
“inspector”	means a person appointed as an inspector under the <i>Plant Biosecurity Act 2010</i> .
“Department”	means the Department of Energy, Environment and Climate Action, Victoria.
“Certification assurance system”	means the processes, equipment, personnel, and resources used to implement the Procedure/Protocol or Agreement nominated in Part 3.

In signing this form, the applicants, or their delegate, are acknowledging the following conditions and agreeing to:

1. maintain and operate the accreditation in accordance with the Procedure/Protocol or Agreement as nominated in Part 3;
2. upon request, allow an inspector to enter any premises where product certified under the accreditation is treated or despatched, or where any product, equipment, chemicals, documents, or records are stored;
3. allow the inspector to inspect or take samples of any relevant item present on the premises at the time of this search;
4. take all steps to assist an inspector in the conduct of audits, including allowing the inspector to interview any employee of the applicant in relation to the implementation of the certification assurance system;
5. pay to the Secretary of the Department or an approved inspection service any costs associated with the conduct of audits by an inspector. The applicant will be notified of these costs at the time of accreditation;
6. unconditionally return all unused portions of Plant Health Assurance Certificate booklets if accreditation has been cancelled, suspended and/ or lapsed;
7. abide by the accreditation conditions listed above and acknowledges that any accreditation is granted subject to those conditions;
8. certify that all the information contained in this application is true and correct

Privacy Statement

Agriculture Victoria is collecting your personal information for the purposes of the *Plant Biosecurity Act 2010*. Personal information collected in the application includes that of the applicant and delegates under the accreditation. You must only provide this information on the person's behalf if you have the consent of the person to provide their personal information.

This information may be provided to other State or Commonwealth Government bodies for the purposes of biosecurity, or in the case of other natural disasters and emergencies.

Any personal information collected, held, managed, used, disclosed, or transferred will be held in accordance with the *Privacy and Data Protection Act 2014* and other applicable laws. Agriculture Victoria is committed to protecting the privacy of personal information. You may contact us to request access to your personal information, or for other concerns regarding the privacy of your personal information. For more information visit <https://www.deeca.vic.gov.au/privacy>

Office use only: To be completed by Agriculture Victoria

Desk audit passed	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name of auditor	
Signature of auditor	
Date	

Facility GPS location (decimal degrees)	(1) S(-)__.____ E__.____ (2) S(-)__.____ E__.____
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<p>The facilities and Arrangement conditions covered by this application have been audited and I recommend accreditation of the applicant listed in Part 2.</p> <p>Officer Name</p> <p>Signature</p> <p>Date:</p> <p>Officer Title:</p>

PHAC Book No. Issued	
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