

Application For Area Or Property Freedom

Complete and submit this application form where your business intends to either supply or prepare produce for certification under an accreditation. Applicable accreditations include:

1. ICA-20;
2. ICA-23;
3. ICA-33;
4. ICA-57.

See Standard Operating Procedure - Source Property Approval for ICA Procedures for a guide to completing the application form.

PROPERTY DETAILS (A separate application must be completed for each source property)

Trading name of business:			
Name of property owner/manager:			
Telephone:		Facsimile:	
Email address:			
Postal address:			
Source property street address: <small>* Please attach map showing property location & area(s) where produce is grown on the property</small>			
Real property description: <small>* Available from Rates Notice or Local Government Authority</small>			
Produce type/s to be certified: NOT 'stonefruit' or 'citrus' – must be specific type <small>eg apple, orange, lemon, tomato, plum, peach, fruiting grapefruit tree, etc - If insufficient space attach a list</small> For ICA-57 accredited businesses only, the word 'various' is acceptable			

DECLARATION

I declare that the property details above are true and correct.		
..... Name of owner/manager Signature of owner/manager/...../..... Date

FOR DEPARTMENTAL USE ONLY

Period of approval/...../..... to/...../.....		
Interstate Produce (IP) number	V _____	Property Number:	
Area/Property freedom code/s			
Property GPS location (decimal degrees)	S (-) _____	E _____	



CONFIRMATION OF AREA OR PROPERTY PEST FREE STATUS

Property code	Definition	Authorisation (Y/N)
MFF01	Grown on a property free of Mediterranean Fruit Fly (MFF)	
PHY02	Grown on a property within a Phylloxera Exclusion Zone (PEZ).	

CONFIRMATION OF PROPERTY INSPECTION FOR PEST FREE STATUS (ICA-33 ONLY)

Property code	Definition	Authorisation (Y/N)
PHY06	Grown on a property within a Phylloxera Risk Zone (PRZ), which has been surveyed and found to be free of Phylloxera in accordance with the National Phylloxera Management Protocol	

APPROVAL

..... Officer Name Signature of Officer/...../..... Date
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