



Application for Accreditation of a Business for an Interstate Certification Assurance (ICA) Arrangement

Form QWA-501 08/23

Part 3 of the Biosecurity and Agriculture Management (Quality Assurance and Accreditation) Regulations 2013

Type of Application (select one only)

- Input boxes for application types: New Application for Accreditation, Renewal of Accreditation, Inactive of Accreditation, Amendment to Accreditation Details, Withdrawal of Accreditation.

NOTE: Applications with missing information will be considered incomplete and will be returned to applicant for completion.

Complete Parts A to C

Complete Parts A section 1 and Part B section 1, 2 & 6

Application received stamp (office use only)

Part A – Accredited Certifier Application

1. Applicant details

- Input boxes for ACN, ARBN, ABN.

Interstate Produce (IP) and Facility number

Input boxes for ACN, ARBN, ABN.

Input boxes for IP and Facility number.

(select one only)

Family / Discretionary Trusts cannot be accredited under an ICA Arrangement. Applicants must be a legal entity as per one of the below types.

- Input boxes for Individual and Other.

Input field for Individual details.

- Input box for Partnership.

Input field for Partnership details.

- Input box for Incorporated Company.

Attach copy of Certificate of Incorporation

Input field for Incorporated Company details.

- Input box for Cooperative Association.

Attach copy of Certificate of Registration

Input field for Cooperative Association details.

Trading Name(s) of the Business (maximum of 3)

Input field for Trading Name(s).

2. Address details

Postal Address

State

Postcode

Input fields for Postal Address, State, and Postcode.

3. Contact details

Phone Number

Facsimile Number

Mobile Number

Input fields for Phone Number, Facsimile Number, and Mobile Number.

Email address (this email address will be used for all correspondence)

Input field for Email address.

4. Applicant history

Has the applicant or any persons listed in Part B section 5, been convicted of an offence under;

- (a) The Biosecurity and Agriculture Management Act 2007; (b) the Plant Diseases Act 1914; (c) the Quarantine Act 1908 (Commonwealth); (d) the Biosecurity Act 2015 (Commonwealth).

- Yes No

If the answer is YES, please provided details in the space provided below.

(if additional space is required, attach a separate sheet which specifies the offence, penalty, date and place of conviction)

Input field for applicant history details.

Has a previous application for accreditation for an ICA Arrangement been refused?

Yes  No

Has an accreditation for an ICA Arrangement, or any other authorisation given to the applicant under the *Biosecurity and Agriculture Management Act 2013* been suspended or revoked?

Yes  No

## 5. Conditions of accreditation

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

“**applicant**” means the person, corporation, or other legal entity.

“**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 Part B section 1.

- (i) The applicant must obtain and operate the interstate certification assurance system in accordance with the Operational Procedure nominated in Part B section 1, and must maintain the records specified in Part B section 4; 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 Part B section 5 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

## Part B – Operational Procedure and Facility Details

### 1. Operational procedure used in this ICA arrangement

The list of operational procedures can be found on the Australian Interstate Quarantine website.

[www.interstatequarantine.org.au/producers/interstate-certification-assurance/western-australia](http://www.interstatequarantine.org.au/producers/interstate-certification-assurance/western-australia)

ICA reference number	Title			
<table border="1"><tr><td>ICA</td><td></td><td></td></tr></table>	ICA			
ICA				

If the Operational Procedure is documented in two parts, indicate the parts for which you seek accreditation

Part A  Part B  Part A&B

Does the applicant intend to operate (certifying, treating or actively use) this operational procedure for more than 6 months of this accreditation year

Yes  No

If the answer is No, specify period of time (e.g. September to December).

Type(s) of produce to be Certified Under this ICA Arrangement

### 2. Facility address details

Street Address

State

Postcode

### 3. Contact details

Contract Person

Phone Number

Facsimile Number

Mobile Number

### 4. ICA system records

What records do you maintain to verify that the business is carrying out its responsibilities and duties under the Operational Procedure nominated in Part B section 1. of this application for accreditation?

- We maintain all our records in accordance with the examples provided in the Operational Procedure; or
- 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. (see over leaf)

**(You must attach a copy to this application form)**


## 5. Authorised signatories persons authorised to give certificates (r6 of the Regulations)

### Certification controller

Full name

Contact phone number

Specimen signature




### Back-up certification controller

Full name

Contact phone number

Specimen signature




### Additional signatories

Full name

Specimen signature







## 6. Application declaration

Before signing this application, please ensure that all sections are completed.

The applicant agrees to abide by the accreditation system conditions listed in Part A section 5 and acknowledges that any accreditation is granted subject to those conditions. Accreditation may be amended, suspended, or cancelled at any time where these conditions have not been complied with. The applicant certifies that all the information contained in this application is true and correct.

**Note:** Where the applicant is a corporation, the application must be signed by two directors of the company; or a director and a company secretary; or in the case of a proprietary company that has a sole director who is also the company secretary, that director. Where the applicant is a partnership, each of the partners must sign the form.

Full name	Position title	Date	Signature
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 7. Privacy statement

The Department of Primary Industries and Regional Development collects this information under the provisions of the Biosecurity and Agriculture Management (Quality Assurance and Accreditation) Regulations 2013. The applicants name, contact and accreditation system details may be provided to interstate biosecurity authorities to facilitate interstate trade of biosecurity matter and to accredited providers of third-party auditing services to facilitate the provision of auditing services. Information will not be provided to any other third party without your consent, unless authorised or required by law

### OFFICE USE ONLY

Passed Desk Audit    Name (print)     Signature     Date  /  /

Notes / Comments


### Delegate approval

In accordance with Regulation 7(6) and 9 of the *Biosecurity and Agriculture Management (Quality Assurance and Accreditation) Regulations 2013*, I  approve  refuse the application for accreditation.

Name (print)     Signature     Date  /  /

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Refer to last page for payment detail.

### Part C – 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
- Purchase Order – Insert Purchase Order number

Name on card

Visa  Mastercard

Card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature

Expiry date

CVV