



Record of Movement
Parthenium Weed Carrier

I,
Name of person responsible for carrier

pursuant to clause 100 of the Biosecurity Order (Permitted Activities) 2017 make the following record of movement:

a) Movement Date

Leaving place of origin

b) Description of carrier

Table with 3 columns: Type, Make and model, Registration/Serial numbers. Rows 1, 2, 3.

c) Origin of carrier

Address

Suburb State Postcode

d) Destination of carrier

Property name

Address

Suburb State Postcode

Phone Phone Email

e) Mandatory requirements for movement of carrier into NSW

The carrier/s described in Part b) have been:

- I. Cleaned in accordance with the conditions specifies in Schedule 1 of the Biosecurity Order (Permitted Activities) 2017.

Declaration

I hereby declare that the mandatory requirements described in (e) have been met and all information contained in this record is true and accurate:

Full name Signature Date

Phone Phone Email

Present the completed form to an authorised officer at an approved facility at the time of inspection.

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 NSW Department of Industry 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.