

Application for accreditation as a biosecurity certifier

Certification Assurance Arrangement

Part 14 of the Biosecurity Act 2015

This form is an approved form to be used to gain, vary or renew accreditation as a biosecurity certifier for one or more nominated Certification Assurance arrangements. Once accredited, the person will be able to self-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 Act 2015* ('Act'). Your application must be assessed and accreditation granted by the Department before you can proceed with the proposed activity.

Before lodging this application, you should be familiar with the requirements of the Act and Biosecurity Regulation 2017. Copies of these are available on the NSW Department of Primary Industries website. See <http://www.dpi.nsw.gov.au/biosecurity/overview/biosecurity-legislation>

How to submit this form

This application form must be submitted at least 60 days prior to the planned date the (certified) produce is to be sent to allow time for the application to be processed.

- Email to bfs.admin@dpi.nsw.gov.au
- Mail to: Biosecurity Certification
Biosecurity & Food Safety
NSW Department of Primary Industries
PO Box 232
TAREE NSW 2430
- Fax: 02 6552 7239

Prescribed fee

New application

- An annual fee of \$255 (incl. GST) is payable for each operational arrangement identified in Section 3 of the application. This fee is applied for at the time the application is submitted for processing.
- A fee of \$750 (incl. GST) is payable for a 5-year accreditation for each operational arrangement identified in Section 3 of the application. This fee is applied for at the time the application is submitted for processing.
- For an application for additional operational arrangement/s made during a biosecurity certifier's accreditation period, an annual fee will be charged that is proportionate to the remaining period of accreditation. The application should be completed and submitted, and an invoice will be forwarded to the applicant for payment.

Renewal application

- A fee of \$160 (incl. GST) is payable for each operational arrangement at the time the application is submitted for processing.

Variation

- No fee will be charged for the variation of an accreditation, at this time.

Term of accreditation

The applicant can select either a 1-year or 5-year term of accreditation. The term commences on the date the application is approved, unless sooner if it is suspended or cancelled.

Notification

The accreditation authority will review an application within 10 working days of receiving the application and notify the applicant if any further information is required. If the application is complete the applicant will be notified by email where supplied, or by postal address.

Accreditation approval

A new biosecurity certifier will be allocated a unique Interstate Produce (IP) number and a Facility number. A biosecurity certifier should refer to their existing Interstate Produce (IP) number and Facility number when seeking renewal of accreditation.

A Certificate of Accreditation as a Biosecurity Certifier will be returned to the applicant's postal address.

A new biosecurity certifier will also be issued with a 'book' of 100 Plant Health Assurance Certificates, to be used when self-certifying, and a copy of the work instruction Guidelines for completion of Plant Health Assurance Certificates (PHACs). Biosecurity certifiers must comply with the conditions and limitations of their accreditation.

Contact us

For more information please contact the ICA Scheme team at NSW Department of Primary Industries on 02 6552 3000 or bfs.admin@dpi.nsw.gov.au



1. Type of application (select one only)

New application Variation Renewal

a) For variation or renewal, complete the following:

Biosecurity Certifier Accreditation Number

Interstate Produce Number (IP Number)

N

b) Purpose of variation (applies to variation only)

2. Applicant details

Complete (i) for individual / partnership details

Complete (ii) for company / trust / association details

(i) - Individual / Partnership Business Structure (please tick appropriate box)

Individual Partnership

Family Name First Name(s)

Family Name First Name(s)

Family Name First Name(s)

Family Name First Name(s)

Trading Name (if applicable)

I operate under a trading name, and have provided a copy of the Business Name Certificate issued either by Fair Trading NSW (if before 28/5/2012) or ASIC (if registered after 28/5/2012).

ABN

Address

Town State Postcode

Phone Fax

Mobile Email

Authorised contact details (if different to information provided above e.g. Manager, QA, Admin, etc)

Name

Position

Phone Fax

Mobile Email



(ii) - Company / Trust / Association Business Structure *(please tick appropriate box)*

Company Trust Association Other

Company Name *(if applicable)*

I am a company, and have provided a copy of full ASIC Company Statement (showing names of public officers/directors)

ACN

Trust Name *(if applicable)*

I am a trust, and have provided name(s) of nominated person(s) to receive correspondence.

Association Name *(if applicable)*

I am an association, and have provided a copy of the Certificate of Incorporation.

Trading Name *(if applicable)*

I operate under a trading name, and have provided a copy of the Business Name Certificate issued either by Fair Trading NSW (if before 28/5/2012) or ASIC (if registered after 28/5/2012).

ABN

Address

Town

State

Postcode

Phone

Fax

Mobile

Email

Authorised contact details (if different to information provided above e.g. Manager, QA, Admin, etc)

Name

Position

Phone

Fax

Mobile

Email

Preferred method of contact *(please tick appropriate box)*

Any

Email

Postal address

Accreditation history of applicant

Is/has the applicant been accredited in NSW or another jurisdiction for the movement of produce?

No

Yes

If yes, provide the Interstate Produce (IP) Number and Facility number/s N

3. Operational Procedure and Facility Details

- a) Identify the Operational Procedure requested to be authorised under this accreditation application. If this application is for more than one Operational Procedure of more than one facility, please copy this page and complete each procedure/facility you are applying for.

The list of operational procedures can be found on NSW Department of Primary Industries website. See <http://www.dpi.nsw.gov.au/biosecurity/plant/ica/procedures>

Reference Number Title of operational procedure (provide full title)

ICA

CA

Indicate the part/s of the operational procedure selected above for which accreditation is sought.

**if the Operational Procedure is documented in two or more parts, indicate the part or parts for which accreditation is sought.*

Part A only Part B only Part A & B

Does the applicant intend to operate this operational procedure for more than 6 months of this accreditation year?

No If NO, please specify period of time (e.g. September to December)

Yes

- b) Trading name of the facility *(supply any business names used by the applicant on packages of certified items)*

- c) Address of Facility

Street address

Suburb/Town

State

Postcode

Fax

Phone

Mobile

Email

Real Property Description(s) (RPD) (available from Rates Notice or Local Government Authority)

Lot

DP

Local Government Area (LGA)

List the types of produce to be certified for this ICA Arrangement.

Produce type

Produce type

- d) Additional certification endorsements requested:

Pest	Certification code
Melon Thrips	MTF01, MTF02, MTF04
Potato cyst nematode	PCN01, PCN02, PCN03, PCN04, PCN05, PCN06
Phylloxera	PHY01, PHY02
Soil sterilisation	NPM01, NPM02, NPM03, NPM04
Spiralling Whitefly	SPW02
Garlic rust property freedom - cured	GRF01
Onion White Rot Property Freedom	OWR01
Tomato Yellow Leaf Curl Virus Property Freedom	TYLCV01

Enter code/s requested here:



4. Responsible Personnel

a) Persons identified to sign Plant Health Assurance Certificates (PHACs) on behalf of applicant (s204A Act)

Identified individuals

First name(s) Last name Specimen signature

b) Accreditation details

Has the applicant or any identified individual in 4a) been found guilty of an offence under the Biosecurity Act 2015, any supporting regulations, or an offence under any other Act or law?

No Yes (please provide details in the space provided below)

If additional space is required, please attach as separate pages and indicate the number of pages attached.

Has the applicant or any identified individual in 4a) ever been refused an accreditation under the Biosecurity Act 2015 or similar accreditation under any other Act or law?

No Yes (please provide details in the space provided below)

If additional space is required, please attach as separate pages and indicate the number of pages attached.

Has the applicant or any identified individual in 4a) ever held an accreditation under the Biosecurity Act 2015 or a similar accreditation under any other Act or law that was suspended or cancelled?

No Yes (please provide details in the space provided below)

If additional space is required, please attach as separate pages and indicate the number of pages attached.

5. Privacy Statement

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.

6. Declaration of a biosecurity certification accreditation

The applicant agrees that all information contained in this application is true and correct and certify they are authorised to submit this form on behalf of this business.

Full name Signature Date

Individual Partner Company director Company secretary
Sole director & company secretary

Full name Signature Date

Partner Company director Company secretary

Note: It is an offence under section 308 of the Biosecurity Act 2015 for a person to furnish information that the person knows to be false or misleading in a particular matter: in or in connection with an application under the Act, or in purported compliance with any requirement imposed by or under the Act.

The applicant may correct personal information by contacting ICA Records Management by phone on 02 6552 3000, email: bfs.admin@dpi.nsw.gov.au or mail PO Box 232, Taree NSW 2430.



Fee Schedule

<i>Term</i>	<i>Fee per operation procedure</i>	<i>Number of operation procedures Application covers</i>	<i>Total fee</i>
Annual	\$255 (incl. GST) new applications	x	=
5-years	\$750 (incl. GST) new applications	x	=
Annual	\$160 (incl. GST) renewal applications	x	=
	\$22 (incl. GST) PHAC book	x	=
Total			

For an application for additional operational arrangement/s made during a biosecurity certifier's accreditation period, an annual fee will be charged that is proportionate to the remaining period of accreditation. The application should be completed and submitted, and an invoice will be forwarded to the applicant for payment.

Payment methods:

Option 1: Money Order or Cheque

Please mail money order or cheque (crossed 'Not negotiable' and made out to NSW Department of Primary Industries) along with completed application form to PO Box 6682, Silverwater NSW 1811.

Option 2: Email or postal

- Email to bfs.admin@dpi.nsw.gov.au
- Mail to Biosecurity Certification
Biosecurity & Food Safety
NSW Department of Primary Industries
PO Box 232
Taree NSW 2430

Option 3: Credit Card

Name (as it appears on the card)

Type of card Visa Mastercard American Express Diners Club

Card number

Expiry date (month/year)

CVC (last 3 digits on back of card)

Signature

OFFICE USE ONLY

Desk Audit: Passed

Date rec:

Date processed:

Name (print):

Signature:

Date: