

I,

Name of person responsible for carrier

pursuant to clause 96 of the Biosecurity Order (Permitted Activities) 2019 make the following record of movement:

a) Movement date

Leaving place of origin

b) Description of carrier

	Type	Make and model	Registration / Serial numbers
1			
2			
3			

c) Origin of carrier

<i>Address</i>	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>

d) First destination of carrier

1.

<i>Address</i>	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
<i>Property Name</i>	<i>Phone</i>	<i>Email</i>	

e) Mandatory requirements for movement of carrier into NSW

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

- a. cleaned in accordance with the conditions specified in Schedule 1 of the Biosecurity Order (Permitted Activities) 2019 - <https://legislation.nsw.gov.au/view/whole/html/inforce/current/s1-2019-0605#sch.1>

Declaration

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

<i>Full name</i>	<i>Signature</i>	<i>Date</i>
<i>Phone</i>	<i>Phone</i>	<i>Email</i>

f) Do you own the parthenium weed carrier identified above? Yes / No

If no, provide owner's name and contact details:

<i>Address</i>	<i>Suburb</i>	<i>State</i>	<i>Postcode</i>
<i>Name</i>	<i>Phone</i>	<i>Email</i>	

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 and the NSW Department of Regional NSW may use and disclose this information as reasonably necessary for the purpose of performing biosecurity risk functions under, or reasonably contemplated by, the *NSW Biosecurity Act 2015*.

WHITE FORMS to be posted in bulk at end of season. YELLOW COPY to stay at inspection facility.