

**Record of Movement**

**Abalone**

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|       | **pursuant to Biosecurity (Abalone viral ganglioneuritis) Control Order (No 3) 2021 make the following record of movement:**  |
| Name of responsible person |  |

I,

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| 1. **Movement Date**
 |      /     /      |

Leave place of origin

1. **Description of consignment**

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| All the abalone in the consignment must not have been in contact with live abalone, or water that has held live abalone, from any other location as per Schedule 1 to the Biosecurity (Abalone Viral Ganglioneuritis) Control Order (No 3) 2021 (Control Order). |
| Species  |       |
| Weight  |       | No of Abalone in consignment (optional) |       |
| Freight company |       |
| Consignment number |       |

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| 1. **Origin of abalone**
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| The abalone land-based farm must have undertaken the accreditation surveillance and testing program described in Schedule 2 to the Control Order. |
|  Business Name |  |
| Street address of abalone farm |       |
| Suburb |       | State |       | Postcode |       |
| Phone |       | Email |       |

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| 1. **Processor of abalone**
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| Where the abalone is transported via a processor, please indicate type of movement as per requirements of the Control Order: [ ] from that Tasmanian abalone land-based farm in fully enclosed boxes that have been cleaned and disinfected as per Schedule 1 of the Control Order and that have a secure lid fixed in place, directly to a designated area of an abalone processor that is physically separate from other products and has been disinfected before the accredited land-based farmed abalone is placed there, or[ ] from that Tasmanian abalone land-based farm directly to a Tasmanian abalone processor that complies with Schedule 3 of the Control Order. |
|  Business Name |  |
| Street address of processing facility |       |
| Suburb |       | State |       | Postcode |       |
| Phone |       | Email |       |

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| 1. **Destination of abalone**
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| Name responsible person |       |
| Name of place |       |
| Street address |       |
| Suburb |       | State |       | Postcode |       |
| Phone |       | Email |       |

1. **Declaration**

I hereby declare that all information contained in this record is true and accurate.

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|       |  |       |  |      /     /      |
| Full name |  | Signature |  | Date |
|       |  |       |
| Phone |  | Email |

***A copy of the completed form must be emailed to*** ***abalone.import@dpi.nsw.gov.au*** ***before time of export.***

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 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 *Biosecurity Act 2015*.