

**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** | | |
| 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** | | |
| 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** | | |
| 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***](mailto: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*.