**Application for Authorised Analyst**

**under the *Biosecurity Act 2015***

This is an approved form for a person to apply for appointment as an authorised analyst to carry our analyses for the purposes of the [*Biosecurity Act 2015*](http://www.legislation.nsw.gov.au/#/view/act/2015/24)(the Act) or to amend an existing appointment. Once approved, the authorised analyst will be able to produce certificates of analysis, for use as evidence in legal proceedings, based on the conduct of their analysis or examinations of a biosecurity matter, biosecurity carrier or pest.

**Who should use this form**

A person who wishes to be an authorised analyst under the Actor existing appointed authorised analysts who wishes to amend an existing appointment*.*

The information requested in this form will enable the Secretary of Regional NSW (or delegate) to consider and process the application*.* The application must be assessed, and appointment granted before the applicant can proceed to act as an authorised analysts.

Before lodging this application, you should be familiar with the requirements of the Act and *Biosecurity Regulation 2017*. These are available on the [NSW Government Legislation website](https://www.legislation.nsw.gov.au/#/).

**How to submit this form**

Ensure all required questions are answered and that the form is signed and dated.

This application form with any supporting documentation must be submitted **at least 60 days** prior to the intention to act as an authorised analyst to allow time for the application to be processed.

* By mail:

 Biosecurity & Food Safety NSW

 NSW Department of Primary Industries

 PO Box 232

 TAREE NSW 2430

* Email to: bfs.admin@dpi.nsw.gov.au

**Prescribed fee**

There is no application fee payable.

**Term of appointment**

The approval is made until it is revoked.

Appointment may be revoked if you change role or employment, are found guilty of an offence under any legislation, fail to comply with the conditions of appointment or voluntarily choose to revoke your appointment.

**Notification**

The Secretary (or delegate) will review an application within 10 working days of receiving the application and notify you if any further information is required. If the application is complete you will receive notification by email or post of the outcome of the application. You will be notified of the outcome within sixty (60) days of receipt of the application.

If you do not receive notification within 60 days of receipt of the application, the application is taken to have been refused.

The following periods are not counted towards the 60-day period:

1. any period commencing on the day on which the Secretary has, in writing, requested additional information from you until the day on which that information is provided,
2. any period commencing on the day on which you are notified in writing of a decision to require an audit of the application until the day on which the biosecurity auditor is engaged to carry out the audit.

**Approval**

A Certificate of Appointment as an authorised analyst will be sent to your postal address if you are granted authorisation.

**Contact us**

For more information please contact Regional NSW on 02 6552 3000, email bfs.admin@dpi.nsw.gov.au or go to: [www.dpi.nsw.gov.au](http://www.dpi.nsw.gov.au)

**Part A - Type of Application (select one only)**

* **New Application**

Please complete Part D - F

* **Amendment to Application**

Please complete Part B

* **Applying under the *Mutual Recognition Act 1992***

Please complete Part C – F.

**Part B – Amendment to application**

1. Appointment reference number:

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1. Please identify areas of amendment. Note these may be subject to review of your approval
* Change in applicant details – please note change below and complete Part D of this application.
* Request an amendment to conditions - please list below conditions to be amended and provide details and any supporting documentation to support this request.
* Other – please identify below.

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**Part C - Applying under the *Mutual Recognition Act 1992***

Please complete the section below and Part D - F.

1. Has the applicant been approved in NSW or another jurisdiction to be an authorised analyst?
* No
* Yes

If yes, please provide details below and attach evidence of the applicant’s authorisation to this application.

1. Which State or Territory was the applicant appointed as an authorised analyst

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| --- | --- | --- |
| State/Territory |  |  |

1. Please list the legislation under which the applicant was appointed as an authorised analyst

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**Part D - Applicant Details**

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| --- | --- | --- | --- | --- | --- | --- |
| Family Name  |  |  |  | First Name(s) |  |  |
|  |  |  |  |  |  |  |
| Family Name |  |  |  | First Name(s) |  |  |
|  |  |  |  |  |  |  |
| Family Name |  |  |  | First Name(s) |  |  |

|  |  |  |
| --- | --- | --- |
| Trading Name (if applicable) |  |  |

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| --- | --- | --- |
|  |  | 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). |

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| ABN |  |  |
|  |  |  |
| Address |  |  |
|  |  |  |
| Town |  |  | State |  | Postcode |  |
|  |  |  |  |  |  |  |
| Phone |  |  | Fax |  |
|  |  |  |  |  |  |
| Mobile |  |  | Email |  |

Preferred Method of contact (please tick appropriate box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Any |  | Email |  | Postal Address |

**Part E - Additional information**

1. **History of applicant**

(i) Has the applicant been found guilty of an offence under the *Biosecurity Act 2015*, any supporting regulation, or an offence under any other Act or law?

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

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*(if additional space is required, please attach as separate pages and indicate the number of pages attached)*

(ii) Has the applicant been refused an approval to be an analyst under the *Biosecurity Act 2015* or similar approvals under any other Act or law?

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

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*(if additional space is required, please attach separate pages and indicate the number of paged attached)*

|  |  |  |
| --- | --- | --- |
| 1. **Supporting Documents**
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|  |  | Reference (if applicable) |
|  | **Required documentation**  |  |  |
|  | Evidence of tertiary education  |  |  |
|  |  |  |  |
|  | Evidence of laboratory experience * species identification
* laboratory experience
 |  |  |
|  |  |  |  |
|  | Evidence of employment at NATA accredited laboratory if relevant |  |  |
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|  | Relevant professional experience, publications/posters or other activities which demonstrate knowledge and expertise.  |  |  |
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|  | Written reports from two referees competent in the relevant fields of analyses, who know the applicant professionally, and can substantiate the applicant’s scientific competence and character.  |  |  |
|  | **Optional supporting documentation**  |  |  |
|  | A copy of documentation from NATA Australia, notifying that the applicant has received signatory approval and identifying those tests for which signature approval is given |  |  |
|  |  |  |  |
|  | Relevant professional memberships |  |  |
|  |  |  |  |
|  | Additional documents if applicant been found guilty of an offence |  |  |
|  |  |  |  |
|  | Additional documents if applicant has been refused an appointment.  |  |  |

 **Part F – 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 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*.

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| **SIGNATURE OF APPLICANT – Please sign below with name clearly printed underneath*** I/we hereby certify that all information provided on this form is true and correct.
 |
| **SIGNATURE(S)** | ***X*** |
|  |
| **PRINT NAME(S)** |  | **DATE** |  / / |
|  |
| **POSITION WITHIN ORGANISATION** |  |
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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.

**OFFICE USE ONLY**

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| **Desk audit**  | **Passes**Yes No |
| **Date received:** |  |
| **Date processed** |  |
| **Name (print)** |  |
| **Date** |  |
| **Signature:** |  |