APPLICATION FOR ACCREDITATION

Please complete **ALL RELEVANT** sections and write in **BLOCK ETTERS**.

Has the Business been accredited previously and given an Interstate Produce (IP) Number?	☐ No, proceed to Part 1 ☐ Yes
Have any business or contact details changed?	☐ No, proceed to Part 2 ☐ Yes

Part 1: Business Details

Name of Business / Partners: Supply names of legal entity in full - For a partnership, list the full names of each partner in their nominal order. - For companies the Australian Company Number (ACN) must be provided with a copy of the Certificate of Incorporation. - For Cooperative associations proof of registration must be provided (eg. a copy of the Certificate of Registration or registration search from the Australian Securities & Investments Commission ASIC).	
Trading Name:	
ACN Number:	
Postal Address:	
Contact Person Name (Management Representative or Certification Controller):	
Contact Person Email:	
Contact Person Mobile:	
Contact Person Phone:	
Contact Person Fax:	

Part 2: Arrangement Details

Accreditation No	
Reference No. of Procedure, Protocol, or Arrangement	
Title of Procedure, Protocol, or Arrangement. Where relevant indicate Part A, B or A & B	
Nominated street address of the facility(s) or property(s) (Attach additional page if required)	

Types of Plants/Products to be treated (eg apples, oranges, herbs, mature trees - if insufficient space, attach list)	

Destination States: For ICA and PS Arrangements, indicate which states you intend to send to. Note, not every procedure is accepted by every state. It is your responsibility to ensure you meet all requirements of the importing state.	

Part 3: Conditions

For the purposes of this application the following definitions apply:

"**applicant**"	means the person, corporation or other legal entity listed in Part 1 of this form.
"**inspector**"	means a person appointed as an inspector under the *Plant Biosecurity Act 2010*.
"**Department**"	means the Department of Energy, Environment and Climate Action, Victoria.
"**Certification assurance system**"	means the processes, equipment, personnel, and resources used to implement the Procedure/Protocol or Agreement nominated in Part 2.

In signing this form, the applicant is acknowledging the following conditions and agreeing to:

1. maintain and operate the accreditation in accordance with the Procedure/Protocol or Agreement as nominated in Part 2;
2. upon request, allow an inspector to enter any premises where product certified under the accreditation is treated or despatched, or where any product, equipment, chemicals, documents, or records are stored;
3. allow the inspector to inspect or take samples of any relevant item present on the premises at the time of this search;
4. take all steps to assist an inspector in the conduct of audits, including allowing the inspector to interview any employee of the applicant in relation to the implementation of the certification assurance system;
5. pay to the Secretary of the Department or an approved inspection service any costs associated with the conduct of audits by an inspector. The applicant will be notified of these costs at the time of accreditation;
6. unconditionally return all unused portions of Plant Health Assurance Certificate booklets if accreditation has been cancelled, suspended and/ or lapsed;
7. abide by the accreditation conditions listed above and acknowledge that any accreditation is granted subject to those conditions.

Part 4: Signature

- I have provided any additional required documentation for the Procedure/Protocol or Agreement as outline in the Procedure/Protocol or Agreement nominated in Part 2.
- I certify that all the information contained in this application is true and correct.
- I certify that that I am authorised to sign and submit this form on behalf of this business.

Signature:

Print Name:

Position:

Date

Privacy Statement

Agriculture Victoria is collecting your personal information for the purposes of the *Plant Biosecurity Act 2010*. Personal information collected in the application includes that of the applicant and delegates under the accreditation. You must only provide this information on the person's behalf if you have the consent of the person to provide their personal information.

This information may be provided to other State or Commonwealth Government bodies for the purposes of biosecurity, or in the case of other natural disasters and emergencies.

Any personal information collected, held, managed, used, disclosed, or transferred will be held in accordance with the *Privacy and Data Protection Act 2014 and* other applicable laws. Agriculture Victoria is committed to protecting the privacy of personal information. You may contact us to request access to your personal information, or for other concerns regarding the privacy of your personal information. For more information visit https://www.deeca.vic.gov.au/privacy

Office use only: To be completed by Agriculture Victoria

Desk Audit Passed:	☐ No ☐ Yes
Facility Location Mapped in Database:	☐ No ☐ Yes
Name of Desk Auditor:	
Signature of Desk Auditor:	
Date:	