

Application for Accreditation of a Business for an Interstate Certification Assurance (ICA) Arrangement

Tick each box that describes your business and the ICA arrangement and provide specific details where required. Only one CA arrangement, that is one Operational Procedure at one Facility, may be covered in one application.

Indicate the type of application being made. New Renewal Amendment

1. Business Details

(a) Type of Ownership of Business

<input type="checkbox"/> Individual	<input type="checkbox"/> Incorporated Company	<input type="checkbox"/> Other	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Cooperative Association	(please specify)	

(b) Name of Applicant/s

Please supply name in full. For a partnership, list the full names of each partner in their normal order. Companies must provide their Australian Company Number (ACN) or Australian Registered Body Number (ARBN) and attach a copy of the Certificate of Incorporation. Cooperative associations must provide appropriate proof of registration (i.e. a copy of the Certificate of Registration or registration search from the Office of Business Affairs or Australian Securities Commission)

<input type="checkbox"/> ARBN					
<input type="checkbox"/> ACN					

(c) Trading Name/s of the Business (as shown on packages sent to market)

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(d) Postal address of the business

Telephone:	
Facsimile:	
Mobile:	

(e) Has the business been registered previously for the interstate movement of produce? Yes No

If yes, give the business's Interstate Produce (IP) Number

A

(previously known as the Victorian or T Number)

2. Operational Procedure and Facility Details

(a) Operational Procedure used in this CA arrangement (refer to list of Operational Procedures)

Reference No.				Title of Operational Procedure
I C A				

(b) Street address of the facility

Telephone:	
Facsimile:	
Mobile:	

3. Authorised Signatories (for Assurance Certificates)

	Family Name	Given Name/s	Specimen Signature
Certification Controller			
Back-up Certification Controller			
Additional Authorised Signatories			

4. Types of Produce to be Prepared Under the ICA Arrangement (if insufficient space, attach a list)

5. Interstate Certification Assurance System Records

(a) What records do you maintain to verify that the business is carrying out its responsibilities and duties under the Operational Procedure?

- We maintain all our records in accordance with the examples provided in the Operational Procedure.
 We have developed alternative or additional records to those provided in the Operational Procedure.

(b) List the alternative or additional records you intend to use and attach a copy to this application.

(a)
(b)
(c)
(d)
(e)

6. Accreditation Conditions

(a) For the purposes of this agreement the following definitions shall apply:-

applicant means the person, **corporation**, or other legal entity who is accredited under this agreement.

inspector means an inspector appointed under the Plant Diseases Control Act 1979

department means the Department of Business, Industry & Resource Development

Interstate Certification Assurance system means the processes, equipment, personnel and resources used to implement the Operational Procedure nominated in Section 2(a).

- (b) The applicant must maintain and operate the interstate certification assurance system in accordance with the Operational Procedure as nominated in Section 2(a), and must maintain the records specified in Section 5.
- (c) The applicant will, upon request, allow an inspector to enter any premises where produce certified under the agreement is treated or dispatched, or where any produce, equipment, chemicals, documents for records are stored.
- (d) The inspector may inspect or take samples of any relevant item present on the premises at the time of the search.
- (e) The applicant must take all steps to assist an inspector in the conduct of audits including allowing the inspector or officer to interview any employee of the applicant in relation to the Implementation of the Interstate certification assurance system.
- (f) The applicant authorises the persons listed in Section 3 of this application to issue certificates on his or her behalf.
- (g) The applicant agrees to pay to the chief executive of the Department any costs associated with the conduct of audits by an inspector. The applicant will be notified of these costs at the time of accreditation.

The applicant agrees to abide by the accreditation conditions listed above and acknowledges that any accreditation is granted subject to those conditions.

The applicant certifies that all of the information contained in this application is true and correct.

<i>Signature</i>	<i>Date</i>

Note: Where the applicant is a corporation, the company seal must be applied, and signed, in the appropriate form. Where the applicants are members of a partnership, each of the partners must sign the application.

Office Use Only

Desk Audit <input type="checkbox"/> Passed Name (print) _____ Signature: _____ / __ / ____	Recommendation The facilities and treatment procedures of the business covered by this application have been audited and recommend accreditation of the business for the Operational Procedure and facility detailed in Section 2. Name (print) _____ Signature _____ / /
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