



Interstate Certification Assurance (ICA) Scheme

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

CHECKLIST FOR APPLICANTS

Prior to lodging an Application for Accreditation of a Business for an Interstate Certification Assurance (ICA) arrangement [FDU-385] applicants should be able to successfully complete the following checklist.

Note: the following questions correspond with the sections of the *Application of a Business for an Accreditation for an Interstate Certification Assurance (ICA) Arrangement* Application Form [FDU-385], refer to attached completed example.

- Have you indicated the type of Application being made i.e. New, Renewal or Amendment?

Only tick one (1) box.

Tick the 'New' box if this is a new application and the Applicant listed in section (b) *Name of Applicant/s* has not previously held an ICA accreditation.

Tick the 'Renewal' box if the Applicant listed in section (b) *Name of Applicant/s* is renewing an existing ICA accreditation.

Tick the 'Amendment' box if the Applicant listed in section (b) *Name of Applicant/s* is seeking to amend or change an existing ICA accreditation.

Each ICA accreditation requires a separate Application form i.e. if a business is applying for two or more ICA arrangements then an Application form is required for each arrangement.

1. Business Details

- (a) Type of Ownership of the Business

- Have you indicated the Type of Ownership of the Business which is applying for ICA accreditation?

Only tick one (1) box.

Tick the 'Individual' box if the Applicant listed in section (b) *Name of Applicant/s* is single person is applying for ICA accreditation.

Tick the 'Partnership' box if the Applicant listed in section (b) *Name of Applicant/s* is more than one person or a group of people is applying for ICA accreditation.

Tick the 'Incorporated Company' box if the Applicant listed in section (b) *Name of Applicant/s* is an incorporated company i.e. holds a Certificate of Incorporation or similar document.

Tick the 'Cooperative Association' box if the Applicant listed in section (b) *Name of Applicant/s* is a Cooperative Association' i.e. holds an Australian Registered Body Number (ARBN) and proof of registration.

Tick the 'Other' box if the Applicant listed in section (b) *Name of Applicant/s* is not either an Individual, Partnership or Incorporated Company. Please specify the type ownership of the business.

- (b) Name of Applicant/s

- Have you provided the name(s) of the Applicant/s?

For an 'Individual' print the full name i.e. all given name(s) and surname e.g. *Robert John Smith*.

For a 'Partnership' print the full name i.e. all given names and surnames of each partner in their order within the partnership e.g. *Robert John Smith, Susan Ann Jane Smith and William George Smith*.

For an 'Incorporated Company' and 'Cooperative Association' print the full registered name of the organisation e.g. *Best Fruit and Vegetables Pty Ltd or Northern Produce Cooperative*.

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- If the Applicant is an 'Incorporated Company' or 'Cooperative Association', have you provided your ACN (Australian Company Number) or ARBN (Australian Registered Body Number) number?

Only tick one (1) box.

The ACN or ARBN number must be nine (9) digits.

- If the Applicant/s is an 'Incorporated Company' or 'Cooperative Association', have you provided proof of incorporation in the form of a Certificate of Incorporation or similar document from the Australian Securities and Investment Commission (ASIC)?

Companies must provide proof of incorporation by attaching a copy of their Certificate of Incorporation or similar document from the ASIC. Cooperative associations must provide a copy of their Certificate of Registration or a registration search from the Department of Justice and Attorney-General.

- (c) Trading Name/s of the business

- Have you provided any trading or brand names used by the business on the packages of produce which are to be certified under this ICA Arrangement?

Trading names or brand names are names used by the Applicant/s to describe their produce e.g. *Tom's Tomatoes, Best Bowen Mangoes, Green Thumb Pot Plants*. Applicant/s may have more than one trading name.

- (d) Postal Address of the Business

- Have you provided the proper postal address of the business?

The postal address may be either a physical address, post office box, locked mail bag or other form of address to where mail can be delivered e.g. *John Smith 123 Grower Road Brisbane Qld 4000* or *John Smith PO Box 123 Brisbane Qld 4000* or *John Smith LMB 99 Brisbane Qld 4000*.

- Have you provided the contact telephone, facsimile and mobile telephone numbers for the business?

The contact telephone and facsimile number(s) should be those which are used as the primary means of contacting the business.

- (e) Has the business been registered previously in Qld for the interstate movement of produce?

- Yes, give the four (4) digit Interstate Produce (IP) number.

- No.

Only tick one (1) box.

An IP or Q number is provided by the Department of Employment, Economic Development and Innovation to all businesses who have undertaken the interstate certification and movement of plants and plant products. The IP number is a four (4) digit number unique to a business, preceded by the letter 'Q'.

2. Operational Procedure and Facility Details

- (a) Operational Procedure used in this ICA arrangement (*refer to list of Operational Procedures*)

- Have you indicated the two (2) digit number of the ICA Operational Procedure for which the Applicant/s are seeking accreditation?

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Only place two number in the boxes provided e.g. 01, 08 or 26.

If the Operational Procedure is documented into two parts, indicate by ticking the box(s) for only the part or parts for which you are seeking accreditation i.e. Part A, Part B or Parts A & B.

Before completing this section make sure you have the correct ICA Operational Procedure and ensure you understand your responsibilities under the whole procedure.

- Have you provided the full title of the ICA Operational Procedure for which the Applicant/s are seeking accreditation?

Only place one procedure title in the box provided.

The title of the ICA Operational Procedure can be found on the cover page of all ICA Operational Procedures.

Ensure that you provide the full title of the Operational Procedure for which the Applicant/s are seeking accreditation e.g. *Splitting Consignments and Reconsigning Original Consignments of Certified Produce*.

- (b) Street address of the facility

- Have you provided the full and proper street address where the facility which is to be accredited is located?

The facility is a place where the ICA Operational Procedure will be implemented. The facility must only be one physical location and described by a street address e.g. *123 Grower Road Townsville Qld 4700*.

A facility can be any sort of establishment i.e. a house, a packing shed, a warehouse or an office building.

The street address of the facility may not be the same as the postal address of the business as described in part 1 (d).

- Have you provided the contact telephone, facsimile and mobile telephone numbers of the facility?

The contact telephone and facsimile number(s) should be those which are at the facility address provided, as listed on the application.

The contact telephone and facsimile number(s) may not be the same as those for the postal address of the business described in part 1 (d).

3. Authorised Signatories (for Assurance Certificates)

- Have you provided the family name, given name/s and specimen signature for the Certification Controller, Back-Up Certification Controller and any additional Authorised Signatories?

Only place the names and signatures of those persons who are going to undertake the roles of Certification Controller, Back-Up Certification Controller and any additional Authorised Signatories within this section of the application. Only those persons listed in this section may certify produce on behalf of the Applicant.

Ensure that all person/s whose names and signatures appear in this section understand their role/s and responsibilities within the ICA Operational Procedure. Roles and responsibilities are referred to in Section Five (5) of each ICA Operational Procedure.

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

- Have you provided the names of the types of produce which are to be certified under the ICA arrangement?

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Only place the names of the types of produce which you intend to certify under the ICA Arrangement relevant to the ICA Operational Procedure described in part 2 (a).

The types of produce covered by each ICA Operational Procedure is described in Section Two (2) of all ICA Operational Procedures.

5. Interstate Certification Assurance System Records

- Have you indicated what records you maintain to verify that the business is carrying out its responsibilities and duties under the ICA Operational Procedure nominated in Section 2(a) of this application for accreditation?

Only tick one (1) box.

You may use either the records supplied with the ICA Operational Procedure or your own records to verify that the business has carried out its duties and responsibilities under the nominated ICA Operational Procedure.

- If relevant, have you listed the names of the alternate or additional records you intend to use to verify that the business is carrying out its responsibilities and duties under the ICA Operational Procedure and attached a copy of these forms to the Application form?

6. Accreditation Conditions

- Have all the Applicant/s read and understood the conditions of accreditation as listed on the application form?

All Applicants must read and understand the conditions of accreditation prior to signing in the space provide within this section of the application form.

- Have all the Applicant/s signed and dated the application form?
- Has each Applicant indicated their status i.e. individual, partner, company director or sole director & company secretary by ticking only one (1) of the boxes below where they have placed their signature?

Applicants must ensure that they tick only one (1) box indicating their status relevant to the type of business described in part 1 (a) of the application form.

Where the applicant is a corporation, the application must be signed by two Directors of the company or a Director and a Company Secretary of the company or in the case of a proprietary company that has a sole Director who is also the Company Secretary, that Director signs the application. Where the applicants are members of a partnership, each of the partners must sign the application.



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Indicate the type of application being made

New Renewal Amendment

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

1. Business Details

(a) Type of Ownership of Business

Individual Incorporated Company Other (please specify)
 Partnership Cooperative Association

(b) Name of Applicant/s (Print your full name including any given names. For partnerships, print the full name of each partner in their normal order. For incorporated companies and cooperatives, print the full registered name of the organisation.)

The Top Tomato Packing Company Pty Ltd

Australian Company Number or Australian Registered Body Number

ACN ARBN 1 2 3 4 5 6 7 8 9

Companies must provide proof of incorporation by attaching a copy of their Certificate of Incorporation or similar document from the Australian Securities Commission. Cooperative associations must provide a copy of their Certificate of Registration or a registration search from the Department of Justice.

(c) Trading Name/s of the business (include any business or brand names used by the business on packages of certified produce)

Top Tomatoes, Bob's Best Tomatoes

(d) Postal address of the business

PO Box 123, Fruit Town, Qld

Telephone (07) 1234 5678

Facsimile (07) 1234 5678

Postcode 4999

Mobile 0987 654 321

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

If yes, give the business's Interstate Produce (IP) Number **Q** 9 9 9 9

2. Operational Procedure and Facility Details

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

Reference No.

ICA 2 6

If the Operational Procedure is documented in two parts, indicate the part or parts for which you are seeking accreditation.

Part A Part B Parts A & B

Title of Operational Procedure (print the full title of the Operational Procedure)

Pre-Harvest Treatment of Tomatoes, Capsicums, Chillies and Eggplant

(b) Street address of the facility

123 Grower Road, Fruit Town, Qld

Telephone (07) 1234 5678

Facsimile (07) 1234 5678

Postcode 4999

Mobile 0987 654 321

3. Authorised Signatories (for Assurance Certificates)

	Family Name	Given Name/s	Specimen Signature
Certification Controller	Grower	Robert George	R G Grower
Back-Up Certification Controller	Grower	Alice Mary	A Grower
	Smith	John Henry	J Smith
Additional Authorised Signatories			



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

Tomatoes and Capsicums

5. Interstate Certification Assurance System Records

What records do you maintain to verify that the business is carrying out its responsibilities and duties under the Operational Procedure nominated in Section 2(a) of this application for accreditation (refer overleaf)?

- Yes We maintain all our records in accordance with the examples provided in the Operational Procedure in Section 2(a).
or No We have developed alternative or additional records to those provided in the Operational Procedure in Section 2(a).
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 Protection Act 1989.
'department' means the Department of Primary Industries.
'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 or 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.

Signature/s (Tick official signing capacity below) Date/s Signature/s (Tick official signing capacity below) Date/s
R G Grower 01 /01 /2020 A Grower 01 /01 /2020
Individual Partner Company Director Sole Director & Company Secretary Partner Company Director Company Secretary
Partner Company Director Company Secretary Partner Company Director Company Secretary
Partner Company Director Company Secretary Partner Company Director Company Secretary

Note: Where the applicant is a corporation, the application must be signed by two Directors of the company; or a Director and a Company Secretary of the company; or in the case of a proprietary company that has a sole Director who is also the Company Secretary, that Director.

Where the applicants are members of a partnership, each of the partners must sign the application.

Office Use Only

Desk Audit Passed Name (print) Signature / /