

APPLICATION FOR SOURCE PROPERTY AREA OR PROPERTY FREEDOM

See PSW-34: Source Property Approvals for a guide to completing the application form

PROPERTY DETAILS (A separate application must be completed for each source property)

Trading Name of Business	
Name of property owner/manager:	Telephone: Facsimile:
Email Address	
Postal Address	
Source Property Street Address <small>* Please attach map showing property location & area(s) where produce is grown on the property</small>	
Real Property Description <small>* Available from Rates Notice or Local Government Authority</small>	
Produce Type/s to be certified <small>NOT stonefruit or citrus – must be specific type eg apple, orange, lemon, tomato, plum, peach, fruiting grapefruit tree, etc - If insufficient space attach a list</small>	

DECLARATION

I declare that the property details above are true and correct.		
..... Name of owner/manager Signature of owner/manager/...../..... Date

FOR DPI USE ONLY

Period of Approval/...../..... to		
Interstate Produce (IP) number	V _____	Property Number	
Area/Property freedom code/s	1. _____	2. _____	3. _____
	4. _____	5. _____	
Property GPS Location (Decimal Degrees)	S (-) _____	E _____	

CONFIRMATION OF AREA OR PROPERTY PEST FREE STATUS (ICA-23 and ICA-33)

Property Code	Definition	Authorisation Y or N
MFF01	Grown on a property more than 15km from an outbreak of Mediterranean Fruit Fly (MFF)	
MFF02	Grown on a property more than 80km from a known outbreak of Mediterranean Fruit fly	
PHY02	Grown on a property within a Phylloxera Exclusion Zone (PEZ), which is being managed in accordance with the National Phylloxera Management Protocol	
QFF01	Grown on a property more than 15km from a known outbreak of Queensland Fruit Fly	
QFF02	Grown on a property more than 80km from a known outbreak of Queensland Fruit Fly	

CONFIRMATION OF PROPERTY INSPECTION FOR PEST FREE STATUS (ICA-33 ONLY)

Property Code	Definition	Authorisation Y or N
PHY06	Grown on a property within a Phylloxera Risk Zone (PRZ), which has been surveyed and found to be free of Phylloxera in accordance with the National Phylloxera Management Protocol	

APPROVAL

..... PSO Name Signature of PSO/...../..... Date
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