



(continued from previous page...)

A:

B:

## Persons Responsible

Section 6

Certification Controller	Name		Additional Authorised Signatory (1)	Name	
	Position			Position	
	Phone			Phone	
	Facsimile			Facsimile	
	Mobile			Mobile	
	Email			Email	
	Signature			Signature	

  

Back-up Certification Controller	Name		Additional Authorised Signatory (2)	Name	
	Position			Position	
	Phone			Phone	
	Facsimile			Facsimile	
	Mobile			Mobile	
	Email			Email	
	Signature			Signature	

*Attach separate sheet for additional authorised signatories*

## Person(s) Responsible History

Section 7

Has the applicant or any persons listed in Section 6, been convicted of and offence under; (a) <i>The Biosecurity and Agriculture Management Act 2007</i> ; (b) <i>the Plant Diseases Act 1914</i> ; (c) <i>the Quarantine Act 1908 (Commonwealth)</i> ; (d) <i>the Biosecurity Act 2015 (Commonwealth)</i> .	<input type="checkbox"/> No <input type="checkbox"/> Yes ↓  If the answer is YES, please attach a separate sheet which specifies the offence, penalty, date and place of conviction for the applicant(s) listed in Section 6.
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## Applicant History

Section 8

A previous application for accreditation for an ICA Arrangement has been	<input type="checkbox"/> Approved <input type="checkbox"/> Refused
Has an accreditation for and ICA Arrangement, or any other authorisation given to the applicant under the Act been suspended or revoked	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Conditions of Accreditation

Section 9

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 employed by the Department of Primary Industries and Regional Development, Western Australia

“**department**” means the Department of Primary Industries and Regional Development, Western Australia (DPIRD).

“**Interstate Certification Assurance system**” means the processes, equipment, personnel, and resources used to implement the Operational Procedure nominated in Section 5.

- (i) The applicant must obtain and operate the interstate certification assurance system in accordance with the Operational Procedure nominated in Section 5, and must maintain the records specified in Section 5; and
- (ii) The applicant will, upon request, allow an inspector to enter any premise where produce certified under the agreement is treated or dispatched, or where any produce, equipment, chemicals, documents or records are stored; and
- (iii) The inspector may inspect or take samples of any relevant item present on the premise at the time of the search; and
- (iv) 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; and
- (v) The applicant authorises the person listed in section 6 of this application to issue certificates on his or her behalf; and
- (vi) The applicant agrees to pay to the Director General 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; and
- (vii) The Director General may suspend, amend or revoke the registration if standards and manner of conduct are not being maintained.

## Declaration

Section 10

Before signing this application, please ensure that all sections are completed.

This application must be signed by a director, manager or senior executive of the:

- (i) Certification Controller listed in Section 6; and
- (ii) has the responsibility for the business operations; and
- (iii) is authorised to sign application on behalf of the applicant.

I, \_\_\_\_\_ (printed name)

**declare**, as the applicant, or for and on behalf of the applicant that

- i. the applicant will comply with the conditions of accreditation, and any other requirements set out by the department in relation to this approval; and
- ii. I will ensure that the nominated persons listed in Section 6 understand their responsibilities; and
- iii. the information contained in this application form is true and correct in every particular.

Signature

Date

/ /

Position

**Please see Section 11 on page 5 to complete payment options**

*For DPIRD Office Use only*

## Delegate Approval

In accordance with Regulation 7(6) and 9 of the *Biosecurity and Agriculture Management (Quality Assurance and Accreditation) Regulations 2013*, I  Approve  Refuse the application for accreditation.

Name

\_\_\_\_\_ for the DIRECTOR GENERAL

Signature

Date

/ /

## QWA QA Officers Use

Passed Desk Audit

Name (print)

Signature

Date

/ /

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# Payment Options

Section 11

## Credit Card

Complete the details in the Payment Slip

## By Cheque

Send your cheque, payable to 'QUARANTINE WA' along with your completed application form.

## Payment Slip

Card type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mm/yy
Name on Card	<input type="text"/>
Amount \$	<input type="text"/>
Card Holder Signature	<input type="text"/>