

# APPLICATION FOR ACCREDITATION

1. Has the Business been accredited previously and given a Interstate Produce (IP) Number ?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If no, proceed to Question 3
2. Have any business or contact details changed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If no, proceed to Question 4

### 3. 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/s

	ACN No.													
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Contact Person (Management Representative / Certification Controller)

Name		email				
Mobile		Phone		Fax		
Postal address						

### 4. Arrangement details (where known)

Accreditation No	V	Business Name				
Reference No.		Title of procedure, protocol or arrangement. Where relevant indicate Part A, B or A & B				

Nominated street address of the facility(s) / property(s) (Attach additional page if required)

1.	
2.	

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


### 6. Applicant Signatures (acceptance and acknowledgment of the conditions of the application - see Part 8)

**Note:** If the applicant is a corporation, the company seal may be applied, and signed by an authorised officer. If the applicants are members of a partnership, each partner must sign the application. An Authorised Delegate may also sign here.

Name	Position	Signature	Date

**7. Delegation** (only complete if the Contact Person is not an Owner, Partner or Director)

Maintaining accreditation and contact with the Department are essential functions which may be delegated to a person with day to day responsibility for these activities.

I, as an office bearer of the above company, hereby authorise the person whose name is shown below, to act for and on behalf of the company, for adherence to all accreditation conditions, as listed in Section 8, and for all future decisions regarding the accreditation, for the lifetime of the accreditation, or written advice from me to the contrary:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Acceptance of delegation:  
I accept responsibility for all accreditation conditions, as listed in Section 8

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** for the delegation to be effective all parts of Question 7 must be completed. Authorisation may not be further delegated.

**8. Conditions**

For the purposes of this application the following conditions apply:	
“applicant”	means the person, corporation or other legal entity listed in Section 3 of this form.
“inspector”	means a person appointed as an inspector under the <i>Plant Biosecurity Act 2010</i> .
“Department”	means the Department of Economic Development, Jobs, Transport and Resources, Victoria.
“certification assurance system”	means the processes, equipment, personnel and resources used to implement the Procedure/Protocol or Agreement nominated in Section 4.

In signing this form the applicants, or their delegate, are acknowledging the following conditions and agreeing to:

- maintain and operate the accreditation in accordance with the Procedure/Protocol or Agreement as nominated in Section 4;
- 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;
- allow the inspector to inspect or take samples of any relevant item present on the premises at the time of this search;
- 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;
- 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;
- unconditionally return all unused portions of Plant Health Assurance Certificate booklets if accreditation has been cancelled, suspended and/ or lapsed;
- abide by the accreditation conditions listed above and acknowledges that any accreditation is granted subject to those conditions;
- certify that all of the information contained in this application is true and correct

<b>Office Use only</b>	
Desk Audit Passed <input type="checkbox"/>	Name (print) ..... Signature .....
Date: / /	
Facility GPS Locations (decimal degrees) (1) S(-)____ E____ -(2) S(-)____ E____	
The facilities and Arrangement conditions covered by this application have been audited and I recommend accreditation of the applicant listed in part 3.	PHAC Book No. Issued:
Name (print) ..... Signature ..... Date: / /	.....