

Tick each box that describes your business and the ICA/CA arrangement and provide specific details where required. Only one 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/Person 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 Business/Person

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 style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/>
<input type="checkbox"/> ACN			

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

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(d) Postal address of the Business/Person

Telephone:	<input style="width: 50px; height: 20px;" type="text"/>
Facsimile:	<input style="width: 50px; height: 20px;" type="text"/>
Mobile:	<input style="width: 50px; height: 20px;" type="text"/>

E-mail

(e) Has the business/person been registered previously for the interstate movement of produce? Yes No. If yes, give the business's/persons Interstate Produce (IP) Number

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2. Operational Procedure and Facility Details

a) Operational Procedure used in this arrangement

Reference No.	Title of Operational Procedure
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

(b) Street address of the facility

Telephone:	<input style="width: 50px; height: 20px;" type="text"/>
Facsimile	<input style="width: 50px; height: 20px;" type="text"/>
Mobile	<input style="width: 50px; height: 20px;" type="text"/>

3. Authorised Signatories (for Plant Health Assurance Certificates)

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

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

5. Interstate Certification Assurance/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)	
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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 Health Act*
Department means the Department of Primary Industry and Resources
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 inspection.
(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) In the event of cancellation or non-renewal of this arrangement the certificate pad and any green copies must be returned as they remain the property of Plant Biosecurity Branch.
(h) Plant Biosecurity fees will apply to those businesses/persons that choose to participate in this ICA/CA arrangement. Plant Biosecurity Branch can be contacted for a schedule of the Plant Biosecurity fees.

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.

Name/s and Signature/s	Date

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	<input type="checkbox"/> Failed	
Name (print) _____	Date received ____ / ____ / ____		
Signature: _____	Date completed ____ / ____ / ____		

Post your application/s to: Department of Primary Industry and Resources, Plant Biosecurity Branch
GPO Box 3000, DARWIN NT 0801