

ACCREDITATION APPLICATION PLANT HEALTH ACT 2009 Section 16

APPENDIX 1
ICA / CA / IR

ANNUAL RETURN FOR AN INTERSTATE CERTIFICATION ASSURANCE ACCREDITATION

Review / complete clearly and return to Biosecurity SA - Plant Health Operations, 33 Flemington Street Glenside SA, 5065. Or email scanned completed copy to pirsa.planthealthmarketaccess@sa.gov.au (Please print. See Conditions and Application Instructions on pages 2 and 3 of this Application.) П Type of application being made (Tick or mark one): □ New Amendment Annual Return NOTE: This application can only cover one Procedure (Arrangement) at one Facility Has Business previously been registered for movement of produce? ☐ Yes ☐ No П If yes, provide the Interstate Produce (IP) Number (& Facility number). Operational Procedure / Arrangement (# Arrangement details must be included - see note on page 3) ICA/CA/IR Number Title of Arrangement, Operational Procedure or Registration * ICA23 Certification of Area or Property freedom **Applicant Details.** Type of Ownership of Business. ☐ Trust ☐ Government ☐ Partnership ☐ Incorporated Company ☐ Cooperative Association Individual First Name **Last Name Individual Name: Business Name:** Line 2: Postal Address Line 1: State: Postcode: Suburb: П ast Name First Name **Partners Names:** Last Name First Name Last Name (Provide additional partners on a separate sheet) **Other Trading Names: ABN / ACN Number:** П Have you, any Partner or Director of the Business or anyone in a Management role been convicted of an Yes Nο indictable offence or other offence involving dishonesty in the past five years? (answer by circling / marking appropriate box). A Company must attach a copy of Certification of Incorporation with new applications. Certification is attached A Co-operative Association must attach a copy of Certificate or Registration to new applications Facility / Accreditation Details Line 2: Facility Address Line 1: П State: Postcode: Suburb: П Last Name First Name Accreditation Contact: Position: **Property Valuation No.:** Section: Hundred: Mobile: **Contact Details:** Phone: Fax: Email: Line 2: **Postal Address Postal Suburb** State: Postcode: Persons Permitted to Sign or Verify Plant Health Certification Last Name, First Name Specimen Signature Role Certification Controller / Responsible Person Backup Cert Controller / Responsible Person П Authorised Signatory / Responsible Person П Authorised Signatory / Responsible Person **Products Certified / Imported:** (List all fruit and vegetable types, machinery, grapevines or nursey stock) П NO YES If yes, what months (tick or Y = Yes) **Seasonal Operator: Importing Details** П Nursery Membership (tick or Y = Yes) Consignments per year: **NGISA** NIASA **AGCAS** П States of Origin: WA QLD VIC NSW NT ITAS Overseas **ENSURE YOU ALSO COMPLETE AND SIGN SECOND PAGE**



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Product / Certification Assurance Records and Methodology

The business must carry out the necessary respor with the applicable Operational Procedure unless and is granted and endorsed by Biosecurity SA - F	permission to use differer	nt records/methods is requested		
I hereby request to use the following alternative or	additional records/metho		PIRSA STAMP	
I / We the undersigned applicant(s) do hereby dec my/our knowledge and belief and make this applic a representative appointed to do so.	•			
*Partner, Director / Approved Representative	Designation	Signature	Date	
			/ /	
			/ /	_
			/ /	_
			/ /	
For corporations/associations a Director, Company Secretar Use the following checklist to ensure you have provided key			i.	
	I need to be returned	ew applicants). h year they are accredited.		
Office Use Only	<u> </u>			
DESK AUDIT ☐ Passed ☐ Not Passed Alternate record-keeping granted Yes ☐ N				
	gnature of Officer	/ Date	PIRSA STAMP	

Conditions of Accreditation S16 / Registration S26

For the purposes of this accreditation / registration the following conditions shall apply:

- The applicant must operate in full accordance with the Act and for ICA/CA Arrangements with the applicable Operational Procedure, which includes maintenance and provision of prescribed records for regular audit.
- The applicant is responsible to ensure that staff undertaking responsibilities required of this accreditation are adequately trained to do so.
- The frequency and number of audits will be determined by the Minister and carried out by persons authorised by the Minister.
- · All fees for audits and inspections will be set by the Minister and the costs borne by the accredited person or business.
- The applicant will receive a Certificate of Accreditation / Registration which must be prominently displayed at the Business Facility.
- Restrictions may be imposed on the type of product an importer may bring into South Australia.

A copy of the relevant Operation Procedure or Act can be viewed or downloaded from - www.pir.sa.gov.au/ica

Issue of Assurance Certificates / Registration of Importers / Verification of Product

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Date: 4/05/2020

The Plant Health Act 2009 requires any person issuing a Plant Health Assurance Certificate (PHAC) to be accredited to do so. Penalties apply. (see section 25).

The Plant Health Act 2009 requires any person bringing or introducing plant or plant related products into SA to be registered (section 26) and imported products require verification. It is an offence to import without being registered or to fail to have imported product verified. Penalties apply (see sections 7, 25 and 33).

Only an accredited person may issue an assurance certificate (PHAC) or verify imported products (ie verify that an assurance certificate or other document relating to a plant or plant related product under a corresponding law complies with the requirements of the corresponding law). It is an offence to issue a Plant Health Assurance Certificate or verify imported product without being accredited. Penalties apply (see sections 7, 25 and 33).

ENSURE YOU ALSO READ PAGE 3



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Application Notes

The form must be fully completed by an Applicant on their behalf or on behalf of a legal entity/business that they have authority to represent.

Attach a separate page if there is insufficient space available for all required details. (Late fees apply for Annual Returns)

Operational Procedure / Arrangement

The ICA / CA / IR number and name you are seeking Accreditation/Registration for must be entered here.

E.g. ICA23, CA01 etc. Applications without these details will be delayed or not processed.

Applicant Details

- **Type of Ownership** shall be either Individual, Partnership, Trust, Incorporated Company, Co-operative Association, Trust or other legal entity. (It may not be a Family Trust).
- Name of the Legal Entity either Individual, Business, Corporation, Association or Trust (if a Family Trust a trustee representing the Trust). Use attachment if insufficient room.
- Address; postal address of business is required.
- Partners Names; at least one partner representing the partnership must be provided.
- Other Trading Name(s); List any other trading names used. Use attachment if insufficient room.
- ABN / ACN Number; ABN is the Australian Business Number.
- **Convictions**; Need to answer whether you, or any Director of the business or anyone in a Management role has been convicted of an indictable offence or offence involving dishonesty in the past five years?

 This question must be answered. If it is not, the application will not be processed.

Facility / Accreditation Details

- Facility Address / Location; Clearly indicate the location or physical address details where product will be
 prepared/verified that will enable a PIRSA officer to easily locate the premises. (Usually the registered
 address of the business).
- Contact: Name and role of the principal contact to be used in regard to the accreditation/Registration.
- **Property Valuation Number and Section and Hundred**; Must clearly indicate the Property Valuation Number, Section and Hundred of the property. These are available from the Council rate notice.
- Postal Address; A mailing address may be provided for posting of all correspondence.

Persons Permitted To Sign or Verify Plant Health Certification

- Role; The role of the person able to verify product on behalf of the accredited business.
- Names; The full name and specimen signature of each of these persons.

Product Details

- Products Certified / Imported; Indicate the imported product / equipment / machinery you expect to certify/verify using this procedure.
- Seasonal Operator; Indicate whether seasonal operation will apply and if so what months.
- Consignments per year; Importers to provide estimate number of consignments per year
- Nursery Membership; Nurseries to provide membership details
- States of Origin; Provide a yes for States that product is expected to come from.

Product / Certification Assurance Records and Methodology

Complete only if you wish to maintain records in alternate method to that specified in Procedure.

Authorisation / Signing

The Applicant (individual, all partners, trustee or company director) must sign acknowledging they represent the business seeking accreditation and the information is accurate. It is an offence under section 51 of the Plant Health Act 2009 to make a false or misleading statement (whether by reason of the inclusion or omission of a particular) in an application made or information provided. Penalties apply.

Separate applications are required for each accreditation / registration. (i.e. ICA, CA, IVCA, Importer etc) see www.pir.sa.gov.au/ica

Please direct queries regarding this Application, Accreditation or Registration to the Market Access Officer on 8207 7814.

Gary Cox,

Manager, Market Access & Systems, Biosecurity SA - Plant Health.

REGISTRATION / ACCREDITATION APPLICATIONISSUE: 3.1Page 3 of 8Objective ID: A526779Date: 4/05/2020Attachment 1





INTERSTATE CERTIFICATION ASSURANCE

APPLICATION FOR SOURCE PROPERTY APPROVAL



A SEPARATE FORM MUST BE COMPLETED FOR EACH SOURCE PROPERTY

This form must be endorsed and signed by a Biosecurity SA - Plant Health officer to be considered valid. A copy of this endorsed Property Approval can be supplied to any business accredited under a Certification of Area or Property Freedom arrangement who wishes to source produce from the property described on this form.

Please strike	out any errors or add relevant information	PROPERTY APPROVAL NUMBER				
17.07.27.7	<i></i>	THE ENTITION ENGINEER				
Full Name and Postal Address of Grower						
Grower	Telephone:	Facsimile:				
Contact Details	Mobile:	Email:				
Property Street Address						
Property Valuation Numbers*						
Produce Type/ Variety						
DECLARATI						
I declare that	the property details provided above are true and correct					
Name of Gro	wer / Manager (please print) Signature of C	Grower /	/ / Date			
Completed copies of this form can be posted to Biosecurity SA - Plant Health, 33 Flemington Street, Glenside, SA, 5065. They can also be scanned and returned via email to pirsa.planthealthmarketaccess@sa.gov.au .						
OFFICE USE ONLY CONFIRMATION OF PROPERTY PEST / DISEASE FREE STATUS						
QFF01	Grown in area more than 7.5km 15km from a known Queensland Fruit Fly outbreak					
MFF01	Grown in area more than 7.5km 🗖 15km 🗖 from a known Mediterranean Fruit Fly outbreak					
ICA33 Only	Grown in an area affected by Queensland Fruit Fly Mediterranean Fruit Fly					
PHY01	Grown in area free from Phylloxera Yes No					
BIOSECURITY SA APPROVAL						
Date Property Approval Endorsed / / Approval Expiry Date /						
Name of Aut	norised Officer (please print)	Signature of Authorised Officer				

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INTERSTATE CERTIFICATION ASSURANCE

Please add any additional parcels of land which share a legal boundary with the property described on the first page. Properties which do not adjoin or share a common legal boundary require separate Property Approval forms.

a common legal boundary requ	The separate Property Appro	vai ioiiiis.	1
Hundred	Plan* (FP or DP number if applicable)	Parcel* (Section or Allotment number)	Title (CT or CL number)
GLEN ROY	F 1101	A 8	CT 5177 980
	Hundred	Hundred Plan* (FP or DP number if applicable)	(FP or DP number if (Section or Allotment number)