

Application for accreditation of an accredited certifier for an Interstate Certification Assurance (ICA) arrangement

Pursuant to section 420 of the *Biosecurity Act 2014*

OFFICE USE ONLY

DATE RECEIVED:
PHIS NUMBER:
DATE APPROVED OR REFUSED:
FURTHER INFORMATION REQUEST DATE:
DATE FURTHER INFORMATION RECEIVED:
PAYMENT PROCESSED DATE:
PAYMENT AMOUNT RECEIVED:
RECEIPT NUMBER:

Important information for applicants

This form is to be used to apply as an accredited certifier for an Interstate Certification Assurance (ICA) arrangement.

Information requested will enable your application to be processed as prescribed by the *Biosecurity Act 2014*. Your application must be assessed and granted by the chief executive before you can proceed with the proposed activity.

Before lodging this application you should be familiar with the requirements of the *Biosecurity Act 2014* available on the Office of the Queensland Parliamentary Counsel website www.legislation.qld.gov.au.

How to complete form for a new application

- Must complete entire form.

How to complete form for an amendment or renewal

- Update any areas that require amendments;
- Must complete part A section 1, part B sections 2-4 and part C.

How to submit this form

- In person to:
Any [Department of Agriculture and Fisheries regional office](#); or
- Via post to:
Department of Agriculture and Fisheries
PO Box 5083
Nambour Qld 4560

Prescribed fee

- For the current fees visit www.daf.qld.gov.au/biosecurity-fees
- Fees are applicable until the end of the financial year.
- The prescribed fee must be paid at the time the application is submitted for it to be processed.

Term of accreditation

The term of this accreditation shall be one (1) year unless sooner cancelled or suspended from the date of your application being approved.

Notification

The applicant will be notified of the outcome within thirty (30) days of receipt of the application. The applicant will be notified by post to the applicant's postal address.

The application is deemed to have been received when the [District Co-ordinator \(Certification and Accreditation Services\)](#) in your district is in receipt of an accurate and complete application and payment of the prescribed fee has been received, processed and cleared.

Contact us

For more information please contact the District Co-ordinator (Certification and Accreditation Services), Plant Biosecurity & Product Integrity, Biosecurity Queensland, Department of Agriculture and Fisheries in your district or the Department of Agriculture and Fisheries Customer Service Centre on 13 25 23.

Type of application *(select one only)*

New application Amendment Renewal

Part A – Accredited certifier application

1. Applicant details

Please supply ACN or ARBN *(if applicable)*

--	--	--	--	--	--	--	--	--	--

Please supply Interstate Produce Number (IPN) *(if known)*

Q					
---	--	--	--	--	--

Applicant is: *(select one only)*

an individual a partnership an incorporated company a co-operative association

other *(please specify)*

--

If applicant is an individual, please complete the following *Supply full legal name including first name, surname and any other name/s.* First name

--

Last name

--

Other name/s

--

If applicant is a partnership, please complete the following *Supply the full legal name of each partner in their normal order.*

First name

--

Last name

--

First name

--

Last name

--

First name

--

Last name

--

If applicant is an incorporated company, co-operative association or other type of legal entity, please complete the following

Supply the full legal name.

--

Trading name/s of the applicant *Supply any business names or brand names used by the applicant on packages of certified items.*

--

2. Address details

Street address

--

Suburb/Town/Locality

--

Country

--

State

--

Postcode

--

Postal address *(if different to street address)*

--

Suburb/Town/Locality

--

Country

--

State

--

Postcode

--

3. Contact details

Phone

--

Fax *(if applicable)*

--

Mobile *(if applicable)*

--

E-mail address

--

Preferred method of contact

Any E-mail Phone Mail

4. Accreditation details

Has the relevant person been convicted of any accreditation offence that is not spent?

- No
 Yes

If yes, please provide details in the space provided below.

If additional space is required, please attach as separate pages and indicate the number of pages attached.

Has the applicant ever been refused an accreditation under the *Biosecurity Act 2014* or a similar accreditation under a repealed Act or a corresponding law to the *Biosecurity Act 2014*?

- No
 Yes

If yes, please provide details in the space provided below.

If additional space is required, please attach as separate pages and indicate the number of pages attached.

Has the applicant ever held an accreditation under the *Biosecurity Act 2014* or a similar accreditation under a repealed Act or a corresponding law to the *Biosecurity Act 2014* that was suspended or cancelled?

- No
 Yes

If yes, please provide details in the space provided below.

If additional space is required, please attach as separate pages and indicate the number of pages attached.

5. Accredited certifier conditions

1. The applicant must pay the prescribed application fee on submission of this application.
2. The applicant must include details within this application of any conviction for a relevant accreditation offence, other than a spent conviction and the circumstances of its commission.
3. The applicant must include details within this application of any refusal of an accreditation under the *Biosecurity Act 2014* or a similar accreditation under a repealed Act or a corresponding law to the *Biosecurity Act 2014*.
4. The applicant must include details within this application of any accreditation under the *Biosecurity Act 2014* or a similar accreditation under a repealed Act or a corresponding law to the *Biosecurity Act 2014* that was suspended or cancelled.
5. The term of this accreditation shall be one year unless sooner cancelled or suspended.
6. The applicant or another person acting under the direction of the accredited certifier agrees to only provide a biosecurity certificate where the conditions of this accreditation have been met.
7. The applicant or another person acting under the direction of the accredited certifier agrees to keep a copy each biosecurity certificate issued, together with a record of the details of the use of the certificate for a period of 5 years starting when the certificate is created.
8. The applicant who created the biosecurity certificate must, if asked by an authorised officer or a relevant auditor produce the copy of the certificate for inspection, by the authorised officer or relevant auditor, unless the accredited certifier has a reasonable excuse.
9. The applicant must take reasonable steps to ensure that the receiver of a biosecurity certificate issued by the accredited certifier, during the required period (5 years) for the certificate, keeps the certificate under the receiver's control.
10. The applicant must take reasonable steps to ensure that during the required period (5 years) for the certificate, the receiver must, if asked by an authorised officer, produce the certificate for inspection by the authorised officer, unless the receiver has a reasonable excuse.
11. The applicant agrees to have compliance, check and non-conformance audits of the accredited certifier's activities conducted by an auditor from time to time during the period of accreditation.
12. The applicant will, upon request, allow an auditor to enter any premises where the accredited certifier is undertaking activities associated with this application.

13. The applicant must take all steps to assist an auditor in the conduct of audits including allowing the auditor to interview any employee in relation to the implementation of the accredited certifier's activities.
14. The applicant agrees to pay any costs associated with any audits on the accredited certifier's activities conducted by an auditor.

Part B – Accreditation system application

1. System details

Operational procedure used in this ICA arrangement

The list of operational procedures can be found on the Subcommittee on Domestic Quarantine & Market Access website.
www.interstatequarantine.org.au/producers/ica/queensland

Reference Number	Title of operational procedure <i>Provide full title</i>
ICA	

Indicate the part/s of the operational procedure selected above which you are seeking accreditation.

- Part A
 Part B
 Entire operational procedure

Facility street address

Suburb/Locality	City/Town	State	Postcode

Real Property Description(s) (RPD) source property (*available from Rates Notice or Local Government Authority*)

Lot	Portion	Shire/Parish

Contact details

Phone	Fax (<i>if applicable</i>)	Mobile (<i>if applicable</i>)

ICA System

List the processes, equipment, personnel and resources to be used for complying with the requirements of the operational procedure identified in this application.

Scope of Accreditation System *If insufficient space, attach a list.*

List the types of produce to be certified and the chemical/s to be used on each produce type (if applicable) for this ICA Arrangement.

Produce type	Chemical/s	Produce type	Chemical/s

Authority to use chemicals

Where relevant, list appropriate authorities for the use of chemicals listed above.

Authority name (i.e. Pest Management Technician licence)	Expiry date

Interstate Certification Assurance System Records

What records do you maintain to verify that the business is carrying out its responsibilities and duties under the operational procedure nominated under the system details section for accreditation?

We maintain all our records in accordance with the examples provided in the operational procedure nominated under the system details section.

OR

We have developed alternative or additional records to those provided in the operational procedure nominated under the system details section. **(List the alternative or additional records you intend to use. You must attach a copy to this application).**

2. Authorised signatories (for issuance of Plant Health Assurance Certificates)

Certification controller

First name/s	Last name	Specimen signature

Back-up certification controller

First name/s	Last name	Specimen signature

Additional authorised signatories

First name/s	Last name	Specimen signature

3. Accreditation systems conditions

1. This accreditation is granted subject to the accredited certifier complying with all the accredited certifier and accredited systems conditions. Accreditation may be may be amended, suspended or cancelled at any time where these conditions have not been complied with.
2. The accredited certifier must maintain and operate the accreditation system in accordance with the ICA operational procedure as nominated in under the system details section, and must maintain the records specified above.

4. Application declaration

The relevant person agrees to abide by the accreditation system conditions listed above and acknowledges that any accreditation is granted subject to those conditions. The relevant person certifies that all of the information contained in this application is true and correct.

Signatures *See over page.*

Tick official signing capacity below each signature

Where the relevant person is a corporation, the application must be signed by two directors of the company; or a director and a company secretary; or in the case of a proprietary company that has a sole director who is also the company secretary, that director. Where the relevant person is a partnership, each of the partners must sign the form.

Full name	Signature	Date

Individual Partner Company director Company secretary Sole director & company secretary

Full name	Signature	Date

Partner Company director Company secretary

Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Partner <input type="checkbox"/> Company director <input type="checkbox"/> Company secretary		
Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Partner <input type="checkbox"/> Company director <input type="checkbox"/> Company secretary		
Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Partner <input type="checkbox"/> Company director <input type="checkbox"/> Company secretary		
Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Partner <input type="checkbox"/> Company director <input type="checkbox"/> Company secretary		

5. Privacy statement

The Department of Agriculture and Fisheries collects this information under the provisions of the *Biosecurity Act 2014* so you may apply for accreditation as an accredited certifier. The accredited certifier's name, contact and accreditation system details may be provided to interstate biosecurity authorities to facilitate interstate trade of biosecurity matter and to accredited providers of third party auditing services to facilitate the provision of auditing services. Information will not be provided to any other third party without your consent, unless authorised or required by law.

The *Biosecurity Act 2014* (section 431) requires that the chief executive must keep a register of accredited certifiers. The register must contain details of each accredited certifier's name and contact details; the conditions imposed on the accreditation and the term of the accreditation.

The *Biosecurity Act 2014* (section 431(4)) provides that the register of accredited certifiers **may** be published on the department's website, www.daf.qld.gov.au. If you have provided a business location and telephone number these will be published, however if you do not have business details DAF will only publish your accreditation details if you consent to the publication of your residential location and telephone number. If you **do not** wish to have details of your accreditation published, please tick the box below.

I do not consent to my residential location and home phone information to be published on the web/register.

6. Definitions

For the purposes of this application the following definitions shall apply:

1. 'Accredited certifier' means a person who holds accreditation under chapter 15 of the *Biosecurity Act 2014* to give a biosecurity certificate.
2. 'Applicant' means relevant person.
3. 'Auditor' means a person approved as an auditor under chapter 16 of the *Biosecurity Act 2014*.
4. 'Authorised signatory' means a person acting under the direction of the accredited certifier.
5. 'Audit' means a systematic, independent and documented process for obtaining and evaluating the accredited certifier's activities objectively to determine the extent to which the accredited certifier complies with the accreditation terms and conditions.
6. 'Biosecurity certificate' means a biosecurity certificate issued in accordance with chapter 15 of the *Biosecurity Act 2014*.
7. 'Department' means the Department Agriculture and Fisheries.
8. 'Operational procedure' means a document which describes the conditions of accreditation and the requirements of the accreditation system that must be met by the accredited certifier.
9. 'Relevant auditor', in relation to the production of a biosecurity certificate, means an auditor who is conducting an audit that is authorised under the *Biosecurity Act 2014* and to which the certificate is relevant.
10. 'Relevant person' is the person making the application, or, in the case of a corporation or an incorporated association, an executive officer or member of the incorporated association's management committee.
11. 'Spent' means a criminal conviction that has lapsed after a period of time, which results in it being removed from a person's criminal record.

Part C – Payment options

Please note: Your payment must be made at the time your application is submitted

For the current applicable fee, please visit www.daf.qld.gov.au/biosecurity-fees

Select **ONE** fee option only.

- New application/renewal**
 Amendment fee
(during yearly application)

Select **ONE** payment option only.

Cash

Pay by cash at any [Department of Agriculture and Fisheries regional office](#).

Cheque or Money Order

Make payable to 'Department of Agriculture and Fisheries'.

Debit Card or Credit Card

Cardholder name

Visa

MasterCard

Card number

Signature

Card expiry date

The Department will only send you a receipt if you request one. If you do, select the method you prefer the receipt be sent.

Email Post

Further instructions and advice

Please contact the Department of Agriculture and Fisheries, Biosecurity Queensland through the Customer Service Centre on 13 25 23.