Department of Agriculture and Fisheries

**Application for accreditation of an accredited certifier for cattle tick**

Pursuant to section 420 of the *Biosecurity Act 2014*

|  |
| --- |
| ***DATE RECEIVED:*** |
| ***SYSTEM NUMBER:***  |
| ***DATE APPROVED OR REFUSED:*** |
| ***FURTHER INFORMATION REQUEST DATE:*** |
| ***DATE FURTHER INFORMATION RECEIVED:*** |
| ***FINANCIAL OFFICER PROCESSING PAYMENT:*** |
| ***PAYMENT AMOUNT RECEIVED:*** |
| ***RECEIPT NUMBER:*** |

***OFFICE USE ONLY*Important information for applicants**

This form is to be used to apply as an accredited certifier for cattle tick. This form may also be used to renew or amend an accreditation given under chapter 15, part 4 of the *Biosecurity Act 2014* (the Act).

Information provided will enable your application to be processed as prescribed by the Act*.* Your application must be assessed and granted by the chief executive of the Department of Agriculture and Fisheries (DAF) before you can proceed with the proposed activity.

Before lodging this application you should be familiar with the requirements of the Act available on the Office of the Queensland Parliamentary Counsel website <http://www.legislation.qld.gov.au>.

If you have queries about how to complete this form correctly or need guidance contact the Customer Service Centre on 13 25 23.

How to complete this form

**Part A** contains the applicant details – you must complete part A.

**Part B** contains details of an authorised signatory for the application. You may request additional authorised signatories to be added to your accreditation (e.g. company employees may be authorised signatories). Part B must be completed for each authorised signatory requested, and the requested authorised signatory must complete the part B declaration.

**Part C** is the applicant declaration – you must complete part C.

**Part D** is the payment details. Your application will not be processed until you have provided full payment.

How to submit this form

* In person to any [Department of Agriculture and Fisheries regional office](https://www.daf.qld.gov.au/about-us/contact-us/offices); or
* Email to: CattleTickAdmin@daf.qld.gov.au; or
* Via post to:
Department of Agriculture and Fisheries
PO Box 5083
Nambour Qld 4560

Prescribed fee

* For the current fee visit [www.daf.qld.gov.au/biosecurity-fees](http://www.daf.qld.gov.au/biosecurity-fees)
* Fees are applicable until the end of the financial year.
* Payment of fees must be paid at application submission for the application to be processed.

Term of accreditation

The term of this accreditation shall be a maximum of three years, as stated in the accreditation, from the date of the application being approved, unless sooner cancelled or suspended.

Notifications

The applicant will be notified of the outcome within thirty (30) days of the application being received by DAF, provided all the correct information and the prescribed fee have been provided.

Further information

Manuals and guidelines may be obtained from the DAF website [www.daf.qld.gov.au](http://www.daf.qld.gov.au) or by contacting the DAF Customer Service Centre on 13 25 23.

### **Type of application** *(*🗹 *one box only)*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  New application  | [ ]  Amendment  | [ ]  Renewal |  |

Part A - Accredited certifier application

### Applicant details

### Select one *(if applicable)*

|  |  |
| --- | --- |
| [ ]  Australian Company Number (ACN) | [ ]  Australian Registered Body Number (ARBN)  |

|  |
| --- |
| **Please supply ACN or ARBN** *(if applicable)* |
|  |  |  |  |  |  |  |  |  |  |  |

### Applicant is: *(*🗹 *one box only)*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  an individual | [ ]  a partnership | [ ]  an incorporated company | [ ]  a co-operative association |
| [ ]  other *(please specify)* |  |

**If applicant is an individual or other, please complete the following** *Supply your full name including any other name/s.*

|  |  |  |
| --- | --- | --- |
| First name |  | Last name |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other name/s |  |  |  |
|  |  |

### If applicant is a partnership, please complete the following *Supply the full name of each partner in their normal order. Each partner will be an authorised signatory for the accreditation.*

|  |  |  |
| --- | --- | --- |
| First name |  | Last name |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| First name |  | Last name |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| First name |  | Last name |
|  |  |  |

### If applicant is an incorporated company or co-operative association, please complete the following *Supply full registered trading name/s (including any brand names) as used on packages or declarations.*

Note: only a natural person can issue a biosecurity certificate: The person nominated will be the company’s authorised signatory for the purposes of issuing biosecurity certificates.

Trading name

|  |
| --- |
|  |
| First name |  | Last name |
|  |  |  |

### Address details

### Street address

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Suburb/Town/Locality |  | State |  | Postcode |  | Country |
|  |  |  |  |  |  |  |

### Postal address *(if different to street address)*

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Suburb/Town/Locality |  | State |  | Postcode |  | Country |
|  |  |  |  |  |  |  |

1. **Contact details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone  |  | Fax *(if applicable)* |  | Mobile *(if applicable)* |
|  |  |  |  |  |
| E-mail address |  |  |  |  |
|  |

### Preferred method of contact

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Any | [ ]  E-mail | [ ]  Phone | [ ]  Mail |  |

1. **Training or qualifications relevant to cattle tick accreditation certification**

You must attach proof of the following:

|  |  |
| --- | --- |
| [ ]  | Completion of Cattle Tick Accredited Certifier Training Course (completed through a relevant approved training provider) |
| [ ]  | Assessment of field competency (e.g. logbook of cattle tick inspection endorsed by person supervising training) |

1. **Suitability of a person for accreditation**

### 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.* |
|   |
|  |
|  |
|  |  |

### Has the relevant person been convicted of an accreditation offence, other than a spent conviction (a spent conviction is a conviction that has lapsed and been removed from a person’s criminal record)?

|  |  |
| --- | --- |
| [ ]  | 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.* |
|   |
|  |
|  |
|  |  |

Part B - Authorised signatory details

### Under section 415(2) of the Act, a biosecurity certificate may be given by a person (an authorised signatory) acting under the direction of the accredited certifier, if the accreditation conditions permit. You only need to complete part B if you wish to nominate one or more authorised signatories.

|  |  |  |
| --- | --- | --- |
| I wish to nominate  |  | authorised signatories on my accreditation. |
|  | *(indicate number)* |  |

### If you wish to nominate more than one authorised signatory on your accreditation, please attach details of additional persons to this form.

1. Authorised signatory details (only a natural person can be an authorised signatory)

|  |  |  |
| --- | --- | --- |
| First name |  | Last name |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other name/s |  |  |  |
|  |  |

Address details

### Street address

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Suburb/Town/Locality |  | State |  | Postcode |  | Country |
|  |  |  |  |  |  |  |

### Postal address *(if different to street address)*

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Suburb/Town/Locality |  | State |  | Postcode |  | Country |
|  |  |  |  |  |  |  |

Contact details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone  |  | Fax *(if applicable)* |  | Mobile *(if applicable)* |
|  |  |  |  |  |
| E-mail address |  |  |  |  |
|  |

### Preferred method of contact

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Any | [ ]  E-mail | [ ]  Phone | [ ]  Mail |  |

1. Training or qualifications relevant to cattle tick accreditation certification

You must attach proof of the following:

|  |  |
| --- | --- |
| [ ]  | Completion of Cattle Tick Accredited Certifier Training Course (completed through a relevant approved training provider) |
| [ ]  | Assessment of field competency (e.g. logbook of cattle tick inspection endorsed by person supervising training) |

1. **Suitability of person to be an authorised signatory**

### 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.* |
|   |
|  |
|  |
|  |  |

### Has the relevant person been convicted of an accreditation offence, other than a spent conviction (a spent conviction is a conviction that has lapsed and been removed from a person’s criminal record)?

|  |  |
| --- | --- |
| [ ]  | 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.* |
|   |
|  |
|  |
|  |  |

1. **Authorised signatory declaration**

The requested authorised signatory agrees to abide by conditions advised by the Department of Agriculture and Fisheries and stated on the accreditation. The requested authorised signatory certifies that all of the information contained in this application is true and correct.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name |  | Signature |  | Date  |
|  |  |  |  |  |
|  |  |  |  |

Part C - Applicant declaration

### Applicant declaration

The applicant acknowledges that any accreditation is granted subject to conditions advised by the Department of Agriculture and Fisheries and stated on the accreditation. The applicant certifies that all of the information contained in this application is true and correct.

### Signatures

Tick official signing capacity below each signature

Where the applicant 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 applicant 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 |
|  |  |  |  |  |

[ ]  Partner [ ]  Company director [ ]  Company secretary

### 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 maybe 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. No other information will be provided to any other third party without your consent, unless 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](http://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.

Part D - Payment details

**Please note:** Your application must be accompanied by full payment of the prescribed fee.

|  |  |  |  |
| --- | --- | --- | --- |
| Select **ONE** fee option only. | [ ]  | **New application/renewal**  |  |
| Number of Years Applied For: |  | **1 Year 2 years**  |  **3 Years** |
|  | [ ]  | **Amendment fee**  |  |

Select **ONE** payment option only.

### [ ]  Cash

Pay by cash at any [Department of Agriculture and Fisheries regional office](https://www.daf.qld.gov.au/about-us/contact-us/offices).

### [ ]  Cheque or Money Order

Make payable to ‘Department of Agriculture and Fisheries’.

### Further instructions and advice

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