



Type of Application

Section 1

- New Application for Accreditation
- Renewal of Accreditation
- Amendment to Accreditation Details
- Withdrawal of Accreditation

All Sections 1 to 11
are to be Complete

Type of Ownership of Business

(tick applicable boxes)

Note: Family / Discretionary Trusts cannot be registered as a Quarantine Facility. Applicants must be a legal entity as per one of the below types

Section 2

- Individual ⇒ Applicants Full Name
- Partnership ⇒ Full Name of each Partner in normal order
- Incorporated Company ⇒ Full Name of Organisation
Attach copy of Certificate of Incorporation
- Cooperative Association ⇒ Full Name of Organisation
Attach copy of Certificate of Registration

Business Details

Section 3

ACN ARBN ABN

Trading Name(s) of the Business (maximum of 3)

Postal Address

State

Postcode

Phone Number

Facsimile Number

Mobile Number

Email Address

Has the business been accredited previously in WA?

No Yes ⇒

IP No W

Facility Details

Section 4

Street Address

Postcode

Phone Number

Facsimile Number

Mobile Number

Email Address

Operational Procedure

(tick applicable boxes)

Section 5

Operational Procedure

ICA

If the Operational Procedure is documented in two parts, indicate the parts for which you seek accreditation

Part A

Part B

Part A&B

Type(s) of produce to be Certified Under this ICA Arrangement

What records do you maintain to verify that the business is carrying out its responsibilities and duties under the Operational Procedure nominated in Section 5 of this application for accreditation?

We maintain all our records in accordance with the examples provided in the Operational Procedure; or

We have developed alternative or additional records to those provided in the Operational Procedure.

List the alternative or additional records you intend to use and attach a copy to this application. (continue overleaf...)

(continued from previous page...)

A:

B:

Persons Responsible

Section 6

Certification Controller	Name		Additional Authorised Signatory (1)	Name	
	Position			Position	
	Phone			Phone	
	Facsimile			Facsimile	
	Mobile			Mobile	
	Email			Email	
	Signature			Signature	

Back-up Certification Controller	Name		Additional Authorised Signatory (2)	Name	
	Position			Position	
	Phone			Phone	
	Facsimile			Facsimile	
	Mobile			Mobile	
	Email			Email	
	Signature			Signature	

Attach separate sheet for additional authorised signatories

Person(s) Responsible History

Section 7

Has the applicant or any persons listed in Section 6, been convicted of and offence under; (a) <i>the Biosecurity and Agriculture Management Act 2007</i> ; (b) <i>the Plant Diseases Act 1914</i> ; (c) <i>the Quarantine Act 1908 (Commonwealth)</i> .	<input type="checkbox"/> No <input type="checkbox"/> Yes ↓
	If the answer is YES, please attach a separate sheet which specifies the offence, penalty, date and place of conviction for the applicant(s) listed in Section 6.

Applicant History

Section 8

A previous application for accreditation for an ICA Arrangement has been	<input type="checkbox"/> Approved <input type="checkbox"/> Refused
Has an accreditation for and ICA Arrangement, or any other authorisation given to the applicant under the Act been suspended or revoked	<input type="checkbox"/> No <input type="checkbox"/> Yes

Conditions of Accreditation

Section 9

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 employed by the Department of Agriculture and Food, Western Australia

“**department**” means the Department of Agriculture and Food, Western Australia (DAFWA).

“**Interstate Certification Assurance system**” means the processes, equipment, personnel, and resources used to implement the Operational Procedure nominated in Section 5.

- (i) The applicant must obtain and operate the interstate certification assurance system in accordance with the Operational Procedure nominated in Section 5, and must maintain the records specified in Section 5; and
- (ii) The applicant will, upon request, allow an inspector to enter any premise where produce certified under the agreement is treated or dispatched, or where any produce, equipment, chemicals, documents or records are stored; and
- (iii) The inspector may inspect or take samples of any relevant item present on the premise at the time of the search; and
- (iv) 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; and
- (v) The applicant authorises the person listed in section 6 of this application to issue certificates on his or her behalf; and
- (vi) The applicant agrees to pay to the Director General of the Department any costs associated with the conduct of audits by an inspector. The applicant will be notified of these costs at the time of accreditation; and
- (vii) The Director General may suspend, amend or revoke the registration if standards and manner of conduct are not being maintained.

Declaration

Section 10

Before signing this application, please ensure that all sections are completed.

This application must be signed by a director, manager or senior executive of the:

- (i) Certification Controller listed in Section 6; and
- (ii) has the responsibility for the business operations; and
- (iii) is authorised to sign application on behalf of the applicant.

I, _____ (printed name)

declare, as the applicant, or for and on behalf of the applicant that

- i. the applicant will comply with the conditions of accreditation, and any other requirements set out by the department in relation to this approval; and
- ii. I will ensure that the nominated persons listed in Section 6 understand their responsibilities; and
- iii. the information contained in this application form is true and correct in every particular.

Signature _____ Date ____ / ____ / ____

Position _____

Payment Options

Section 11

Credit Card

Complete the details in the Payment Slip

By Cheque

Send your cheque, payable to 'QUARANTINE WA' along with your completed application form.

Payment Slip

Card type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> mm/yy
Name on Card	<input type="text"/>
Amount \$	<input type="text"/>
Card Holder Signature	<input type="text"/>

Delegate Approval

In accordance with Regulation 7(6) and 9 of the *Biosecurity and Agriculture Management (Quality Assurance and Accreditation) Regulations 2013*, I Approve Refuse the application for accreditation.

Name _____ for the DIRECTOR GENERAL Signature _____ Date ____ / ____ / ____

QWA QA Officers Use

Passed Desk Audit Name (print) _____ Signature _____ Date ____ / ____ / ____