



Application for a Registered Establishment to participate in the Approved Auditor Program

Illegible / incomplete forms will be returned.

A separate application form must be submitted for each Registered Establishment.

1. Establishment Details		
Name:		
Establishment Number :		
Establishment Address:		
State:		Post Code:
Postal Address:		
If same as establishment address write 'As Above'		
State:		Post Code:
Phone Number:		

2. Commodities		
<input type="checkbox"/> Dairy	<input type="checkbox"/> Eggs	<input type="checkbox"/> Fish
<input type="checkbox"/> Meat	<input type="checkbox"/> Poultry	<input type="checkbox"/> Wild Game
Approval to engage an Approved Auditor for some commodities will be dependent on current service delivery arrangements with state regulatory authorities and may also be subject to importing country requirements.		

3. Management Declaration	
I declare that the registered establishment named in section 1 has:	
<ul style="list-style-type: none">• a satisfactory compliance history• an approved arrangement (AA) that is approved without conditions• where applicable, received either a A, B or C rating for the audit immediately prior to the date of this application• no outstanding enforcement action against it.	
NOTE: This section must be completed by a person listed as a company management official in the Certificate of Registration for the Registered Establishment listed in Section 1.	
Name:	
Position:	
Signature:	
Date:	

Completed application form to be sent to: The Registration Coordinator
Certification Management
DAFF Biosecurity
Department of Agriculture, Fisheries and Forestry
PO Box 858
CANBERRA CITY ACT 2601