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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| Before you startThis application is for an Interstate Certification Assurance (ICA) or Certification Assurance (CA) accreditation if your business exports fruit or vegetables from the Northern Territory.A $432 fee applies to all ICA/CA applications. A late fee of $135 may apply for renewals if your current certification has expired for a period of time. |
| Fields marked with a caret (^) are for office use only. |
| Application details |
| **What type of accreditation are you applying for?**  |
| **New** | Yes/No | **Renewal** | Yes/No | **Amendment** | Yes/No |
| Business details |
| Business name |  |
| ABN |  |
| Contact name |  |
| Position title |  |
| Mobile |  | **Landline number** |  |
| Email |  |
| Postal address |  |
| Have you previously been registered for interstate movement of produce?If yes, provide your interstate produce (IP) number  | Yes/No |
| Operational procedure details |
| Operational procedure reference number |  |
| Title of procedure |  |
| Description of the types of produce to be preparedInclude varieties |  |
| Facility address |  |
| Facility phone |  |
| What records do you maintain to verify that the business is carrying out its responsibilities and duties?  |
| **We maintain all our records in accordance with the example provided in the operational procedure** | Yes/No |
| **We have developed alternative or additional records to those provided in the operational procedure.**If yes, provide details of the alternative records you intend to use and attach a copy | Yes/No |
| Authorised signatories details |
| **Certification controller** |
| **Full name** |  |
| **Signature** |  |
| **Backup certification controller** |
| **Full name** |  |
| **Signature** |  |
| **Additional signatories** |
| **Full name** |  |
| **Signature** |  |
| **Full name** |  |
| **Signature** |  |

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| Supporting documents |
| **Alternative or additional records to those provided in the operational procedure**If applicable | Yes/No |
| Confirmation |
| **I confirm the following:** |
| **I will maintain and operate the Interstate Certification Assurance system in accordance with the operational procedure as nominated in this application, and maintain the records outlined in this application.** | Yes/No |
| **I will, upon request, allow an inspector to enter any premises or facilities where produce certified under the agreement is treated or dispatched, or where any produce, equipment, chemicals, documents for records are stored.** | Yes/No |
| **I acknowledge that the inspector may take samples of any relevant item present on the premises or facilities at the time of the inspection.** | Yes/No |
| **I will 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.** | Yes/No  |
| **I authorise persons listed as authorised signatories to issue Plant Health Assurance certificates on my behalf.** | Yes/No |
| **In the event of cancellation or non-renewal of this arrangement the Plant Health Assurance certificate pad and any green copies must be returned as they remain the property of the Plant Biosecurity Branch.** | Yes/No |
| **I agree to abide by the accreditation conditions listed above and acknowledge that any accreditation is granted subject to those conditions.** | Yes/No |
| **All of the information contained in this application is true and correct.** | Yes/No |
| **Signatures** | **Date** |
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| Office use only ^ |
| **Name** |  | **Date received** |  |
| **Signature** |  | **Date completed** |  |
| **Audit** | Passed/Failed |
| SubmitEmail your completed form to plantbiosecurity@nt.gov.au**.**or by mailDepartment of Industry, Tourism and TradePlant Biosecurity Branch, Berrimah Farm Science PrecinctGPO Box 3000, Darwin NT 0801You can also call the branch on 08 8999 2118 for more information.PaymentPay in person at a [Receiver of Territory Monies (RTM) office](https://nt.gov.au/industry/licences/receiver-of-territory-monies-contacts).[[1]](#footnote-1) Present this completed form. Collection noticeThe Department of Industry, Tourism and Trade collects this information in order to process and manage applications for permits issued under the [*Plant Health Act 2008*](https://legislation.nt.gov.au/en/Legislation/PLANT-HEALTH-ACT-2008)*[[2]](#footnote-2)* (and, if approved, any subsequent permits).If you choose not to provide your personal information required for the application we might not be able to accept or process your application, or your application may be refused.Third party information is required by law to enable consideration of the applicant's suitability to hold a permit. If the applicant does not provide this information, it may affect their ability to obtain and maintain a permit.We may share your information:* with other State and Territory Accrediting ICA Authorities, local council or other authorities but only if we are required or authorised by law to do so
* if required or authorised by law to do so
* if you have given us your consent to share your personal information for a specific purpose.

The Department of Industry, Tourism and Trade's [privacy policy](https://industry.nt.gov.au/publications/business/policies/privacy-policy)[[3]](#footnote-3) outlines how we manage personal information and includes how to lodge a complaint. |
| End of form |

1. <https://nt.gov.au/industry/licences/receiver-of-territory-monies-contacts> [↑](#footnote-ref-1)
2. <https://legislation.nt.gov.au/en/Legislation/PLANT-HEALTH-ACT-2008> [↑](#footnote-ref-2)
3. <https://industry.nt.gov.au/publications/corporate/privacy-policy> [↑](#footnote-ref-3)