



Australian Government

Department of Agriculture, Fisheries and Forestry
Australian Quarantine and Inspection Service

Schedule One: Application for Additional Co-located Place for the Performance of Quarantine

Application Instructions

- Only complete this form if you have previously completed an *Application for Approval of a Place for Performance of Quarantine* form, and wish to have additional premises co-located (*please see explanatory notes for clarification*)
- Complete all sections below

To the Chief Quarantine Officer/Regional Manager

Application is hereby made for the premises described below to be approved as a place for the performance of Quarantine under Section 46A of the *Quarantine Act 1908*.

Applicant Details

(Please print clearly)

Section A

Quarantine Approval Number of parent place

Postal/Business address of applicant

Nominated Senior Manager of parent place

State: _____ Postcode: _____

Phone number: () _____

Facsimile number: () _____

Proposed Place

Section B

Physical address of proposed approved place/premises

Deposited Plan and Folio Number:

State: _____ Postcode: _____

If the place/premises is AQIS export registered, please list export registered:

Phone number: () _____

Name: _____

Facsimile number: () _____

Number: _____

Mobile number: _____

If applicable answer the below (in metres):

Email address: _____

Fumigation pad size (L x W) _____

What are the proposed imports/treatments /dealings with quarantine goods?

Wash bay size (L x W) _____

(Attach a separate sheet if insufficient room)

Inspection area dimensions (L x W) _____

Quarantine Approval Number (if previously approved)

Management Details

Section C

Please list the primary two persons who manage or control the day to day operations of the place/premises, or a substantial part of the operations.

(If there are additional accredited persons please attach a separate sheet)

Name in full – Accredited/Contact Person One

Mr/Mrs/Miss/Ms: _____

Accreditation number: _____

Position: _____

Phone number: () _____

Facsimile number: () _____

Mobile number: _____

Email address: _____

Name in full – Accredited/Contact Person Two

Mr/Mrs/Miss/Ms: _____

Accreditation number: _____

Position: _____

Phone number: () _____

Facsimile number: () _____

Mobile number: _____

Email address: _____

Personnel History Questions

Section D

Have any persons nominated in Section C been convicted of any offence against:

a) the *Quarantine Act 1908*?

Yes/No

b) the *Customs Act 1901* in relation to the importation, movement of, or interference with goods?

Yes/No

c) any other Act listed on Attachment A?

Yes/No

If the answer to any part of Section D is YES, then please attach a separate sheet which specifies the offence, penalty, date and place of conviction for the applicant or any person nominated in section C.

AQIS may approach the applicant or other persons for information or documents relevant to section 46A(3)(a) & 46A(4)(f) of the *Quarantine Act 1908*, subject to Part VIIC of the *Crimes Act 1914*.

Declaration

Section E

Before signing this declaration, please ensure that you have completed all sections on this form.

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

- a) is listed as the senior manager in Section D – MANAGEMENT DETAILS of the "Application for Approval of a Place for the Performance of Quarantine" form of the parent premises;
- b) has the responsibility for the business operations of the application; and
- c) is authorised to sign the application for the applicant.

I,

(please print)

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

- (i) The applicant will comply with the conditions of approval, any other AQIS requirements and the procedures carried out in relation to goods at the approved place.

- (ii) I will ensure that all staff members understand and execute their responsibilities. Further that I have read through the form and the information provided is true, correct and complete in every particular.

GIVING FALSE OR MISLEADING INFORMATION IS A SERIOUS OFFENCE

Signature

Date / /

Position:

AQIS routinely publishes the details of Quarantine Approved Premises (ie company name, address, contact details and quarantine activities available) on its website to enable other parties to use the commercial services that are available at this Quarantine Approved Premises.

Mark the box if you **do not** want AQIS publishing your premises details on its website

Office Use Only

Section F

AQIS Inspecting Officer

Proposed procedures and specified class(es).

This place is operationally suitable to be an approved place under section 46A of the *Quarantine Act 1908*. The description of the place in Section B is correct and meets the relevant class criteria and other AQIS requirements for approval. Any necessary alterations to the address have been made and are initialled by the applicant.

Signature of Quarantine Officer who inspected the place

Date / /

Printed name in full

Delegate Approval

I have decided, taking into account those matters listed in section 46A(4) of the *Quarantine Act 1908*, to approve the place described in Section B as a place where goods of a class or classes specified in Section F may be treated, moved, interfered with or otherwise dealt with at the approved place, in accordance with the conditions to which this approval is subject and in accordance with the procedures specified in Section F.

Valid until 30 / 6 /

(maximum of 1 year from date of expiry of previous approval or maximum of 1 year for initial application)

Signature of Delegate of the Director of Animal and Plant Quarantine

Date / /

Printed name in full:

Position:

Notes
