



Australian Government

Australian Quarantine
and Inspection Service

Application for Permit to Import Quarantine Material
COMMONWEALTH QUARANTINE ACT 1908, Section 13

Giving false or misleading information is a serious offence

AQIS is collecting the information on this form to enable a quarantine assessment of the product named to be undertaken and to determine if an Import Permit may be granted. Collection of such data is authorised under the Quarantine Act 1908. Please note that the information provided in this application may be provided to other agencies, organisations and consultants as authorised/required by law and/or used by AQIS to assess whether the product named should be granted an Import Permit. Other agencies may include (but are not restricted to): Biosecurity Australia; Divisions within the Department of Agriculture, Fisheries and Forestry; Department of Health and Ageing (including the Therapeutic Goods Administration, and the Office of the Gene Technology Regulator for the purpose of ensuring compliance with the Gene Technology Act 2000); Food Standards Australia New Zealand; Australian Pesticides and Veterinary Medicines Authority; Department of the Environment, Water, Heritage and the Arts; Australian Federal Police; and the Australian Customs Service. By completing this form you consent to AQIS using the information provided in this application in the manner stated above and for purposes related thereto.

Application to Import Reproductive Materials	AQIS Ref./ Import Permit No.
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Importer details

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company name	ABN or ACN (companies only)	Attention/Contact person
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address line 1 (Must be a physical address. P.O. Box will not be accepted.)		
<input type="text"/>		
Address line 2		
<input type="text"/>		
Address line 3		
<input type="text"/>		
Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Email	
<input type="text"/>	<input type="text"/>	
Work phone	Home phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Mobile
		<input type="text"/>

Exporter details

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company name	Attention/Contact person	
<input type="text"/>	<input type="text"/>	
Address line 1		
<input type="text"/>		
Address line 2		
<input type="text"/>		
Address line 3		
<input type="text"/>		
Suburb	State/Territory/Province	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Email	
<input type="text"/>	<input type="text"/>	
Work phone	Home phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Mobile
		<input type="text"/>

APPLICATION TO IMPORT REPRODUCTIVE MATERIALS

Animal/Commodity details			
Common name	Scientific name (Genus, species)	Description (name and/or method of identification including microchips, tattoos, leg bands)	Number of animals

Proposed end use

Semen Embryos

Country of export

Other details

Is the animal/commodity genetically manipulated, or does it contain genetically manipulated material?

Yes No

If 'Yes', please specify (and attach details if necessary): _____

Transport details

Mode of transport (e.g. air, sea)

Estimated date of arrival (dd/mm/yyyy)

Route details to Australia

Note: it is the importer's responsibility to notify the AQIS office in the state of import, regarding intended imports, prior to the arrival of the consignment.

Approved Import Permit

Please indicate your Import Permit delivery preference (please select only **one** option):

Importer Email* Post Fax

Exporter Email* Post Fax

***To receive an Import Permit via email, you must accept the Terms and Conditions:**

I acknowledge that AQIS will send Commercial in Confidence emails and accept any risks associated.

Importer Declaration

I hereby apply for permission to import the reproductive material detailed in this application. I declare that the reproductive material will be managed in accordance with all quarantine restrictions and conditions as specified in any Import Permit that may be issued as a result of this application.

I declare that the information that I have provided is true and accurate to the best of my knowledge.

Signature

Name

Date (dd/mm/yyyy)

Please confirm you have attached payment details:

Credit card details

Cheque