

AQIS reserves the right to request the presentation of all original documents

AQIS Facsimile Transmission

Insert Broker Letterhead (optional)

QUARANTINE ONLY
 QUARANTINE & IFIS
 IFIS Only

AQIS Import Clearance Section NSW AQIS Import Clearance Section Sth QLD AQIS Import Clearance Section Townsville AQIS Import Clearance Section Cairns AQIS Import Clearance Section VIC	Fax No: 02 8334 7660 Fax No: 07 3246 8689 Fax No: 07 4789 7821 Fax No: 07 4035 9578 Fax No: 03 8318 6930	AQIS Import Clearance Section SA AQIS Import Clearance Section WA AQIS Import Clearance Section TAS AQIS Import Clearance Section NT	Fax No: 08 8201 6145 Fax No: 08 9334 1671 Fax No: 03 6233 8885 Fax No: 08 8920 7022
Brokerage: _____ Contact Name: _____ Importers Name: _____		Phone No: _____ Return Fax No: _____ Email address: _____	
Entry No: _____		Please Group (Qtine Only) <input type="checkbox"/>	
Date: _____		Vessel: _____	Number of Pages: (including this page)
Broker Ref: _____			
Import Permit Number (if applicable): _____			

Attached documents transmitted for Qtine (please tick appropriate boxes).

<input type="checkbox"/> Packers Declaration	<input type="checkbox"/> Manufacturer's Declaration	<input type="checkbox"/> Treatment Certificate	<input type="checkbox"/> Cleanliness Declaration
<input type="checkbox"/> Bill of Lading	<input type="checkbox"/> Invoices/ Packing List	<input type="checkbox"/> Phytosanitary Certificate	<input type="checkbox"/> Airfreight
<input type="checkbox"/> Other Documentation _____			

Attached documents transmitted for IFIS (please tick appropriate boxes).

<input type="checkbox"/> AQIS Entry Advice (With Importers details)	<input type="checkbox"/> Manufacture's Dec (When Required)	<input type="checkbox"/> Foreign Certificates (When Required)	<input type="checkbox"/> BSE Certificate (When Required)	<input type="checkbox"/> Packing List/Invoice
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For each referred product that contains beef or beef product the following information is required for IFIS.

<input type="checkbox"/> Product name/description	<input type="checkbox"/> Brand Name	<input type="checkbox"/> Can Codes (amounts)	<input type="checkbox"/> Lot Code (amounts)	<input type="checkbox"/> Quantity.
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AN INSPECTION ADDRESS IS REQUIRED FOR ALL ENTRIES

Predictable Action (please tick appropriate boxes):

<input type="checkbox"/> Release on Documents	<input type="checkbox"/> Inspection at _____
<input type="checkbox"/> Random	<input type="checkbox"/> Tailgate _____
<input type="checkbox"/> Amendment _____	<input type="checkbox"/> Country Destination Unpack / Unpack Postcode: _____

Predictable Treatment

<input type="checkbox"/> CH ₃ BR Fumigation	<input type="checkbox"/> ETO Fumigation	<input type="checkbox"/> Gamma Irradiation	<input type="checkbox"/> Heat Treatment
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Brokers Comments: _____

Have you made the appropriate EFT payment for your expected quarantine action? YES NO

Note: Faxed documents should have a quarantine entry number endorsed on them to enable matching if they become separated.

Please complete the following details if you are paying by credit card

Amount paid: <input type="text"/>	Card No: <input type="text"/>
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Expiry date: <input type="text"/> / <input type="text"/>	Name (as it appears on the card) <input type="text"/>
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Bankcard	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/>
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Signature: <input type="text"/>	Date: <input type="text"/>
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An electronic copy of this coversheet may be obtained by contacting any of the AQIS contacts in the [Cargo Containers: Quarantine aspects and procedures](#) document.