



Australian Government

Australian Quarantine and Inspection Service

Application to become an Appointed Analyst under Section 34 of the *Imported Food Control Act 1992*

1. Business details

Business Name:	
Address:	
ABN:	
ACN:	
<i>Office use only: ABN/ACN confirmed?</i>	

2. Contact details

Nominated Contact Person

These are the main contacts that will be notified of any changes, and in implementing and monitoring adherence to Conditions of Appointment.

Nominated Contact Person:	Official Representative	Laboratory Representative
Name:		
Email:		
Position Title:		
Business Phone:		
Mobile Phone:		

e-Results Contact Person

This is the main contact for implementation and issues around the electronic system for providing test results to AQIS

e-Results Contact Person:		
Email:		
Business Phone:		
Mobile Phone:		

3. Information to be provided to importers

These details will be published on the Laboratory Nomination Form and AQIS website for importers to nominate and contact the appointed analyst to arrange testing, payment etc.

Contact Person:	
Email (generic address preferred):	
Phone:	
Fax:	
Details if service will be restricted to specific locations:	<i>Insert relevant state/s.</i>

4. All laboratory locations, NATA Accreditation and QAP status

List all of the physical addresses for laboratories operated by the applicant where AQIS IFP testing will occur and attach evidence of their NATA Scope of Accreditation.

Provide details of Quarantine Approved Premises (QAP) status where relevant.

Laboratory Location Address:	NATA Accreditation Number	Date Issued	QAP Class	QAP Registration No.

Note: that the Official Representative (in 2. above) will be the point of contact for all locations.

5. Approved Signatories

Complete this table or attach a copy of approved signatories. Add lines to table as required.

Printed Name	Scope of Signatory Status

6. Testing Capability Matrix

Complete the Testing Capability Matrix application and submit with this form. Indicate with an 'X' the tests you will be providing, and fill in all sub-contracting arrangements in the spaces provided.

8. Declaration

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

- a. has the responsibility for the business operations of the applicant; and
- b. is authorised to sign the application for the applicant.

I declare, for and on behalf of the applicant, that:

- a. the information provided in this application and all associated documentation is true, correct and complete.
- b. the applicant will comply with the Conditions of Appointment as an Analyst under Section 34 of the *Imported Food Control Act 1992* and all associated requirements.
(<http://www.daff.gov.au/aqis/import/food/testing-labs>)
- c. all relevant individuals in the business understand and execute their responsibilities.
- d. I request AQIS IFP to assess this application and associated documentation to determine whether these comply with the criteria for appointment
- e. eResults specifications and software test system is viable

Printed Name:	
Position:	
Phone:	
Email:	
Signature:	
Date:	

Return this completed application and associated documentation to:

*Laboratory Contact Officer
Imported Food Program
Department of Agriculture, Fisheries and Forestry
GPO Box 858
CANBERRA ACT 2601*

OR a scanned copy may be emailed to:

foodimp@aqis.gov.au
Subject: Laboratory Contact Officer