

# Application to vary accreditation as a biosecurity certifier

## Biosecurity Act 2015 (NSW)

Please use this form to advise of any change to your accreditation details as a biosecurity certifier.

Please fill in the relevant fields for any details that have changed and send the completed form to NSW Department of Primary Industries and Regional Development (Department) via one of the following methods:

- Email: [bfs.admin@dpi.nsw.gov.au](mailto:bfs.admin@dpi.nsw.gov.au)
- Mail: PO Box 232 TAREE NSW 2430

### 1. Biosecurity Certifier information:

Name of biosecurity certifier:

Biosecurity certifier accreditation number

OR

IP number

### 2. Brief description of requested variation:

### 3. Have your biosecurity certifier details changed?

Yes: enter new details below and attach supporting documentation  No: proceed to next question

Company/association name:

Partnership details:

Sole trader details:

Trading name:

**4. Have your contact details changed?**

Yes: enter new details below       No: proceed to next question

Postal address:

Email address:

Phone number:

Authorised contact name:

**5. Have your Responsible Personnel details changed?**

Yes: enter details below       No: proceed to next question

Add or remove personnel responsible for signing Plant Health Assurance Certificates on behalf of the accredited biosecurity certifier.

**Additional:**

First name	Last Name	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

First name	Last Name	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Removal:**

First name	Last Name
<input type="text"/>	<input type="text"/>

First name	Last Name
<input type="text"/>	<input type="text"/>

**6. Are you requesting to remove an operational arrangement and/or facility from your accreditation?**

Yes: enter details below     No: proceed to next question

Procedure code	Procedure name	Facility number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Procedure code	Procedure name	Facility number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**7. Are you requesting additional certification endorsements for an approved operational arrangement?**

Yes: enter details below     No: proceed to next question

*Please note, additional certifications need to be checked during an audit of an accredited business*

Pest	Certification code	Enter code/s requested
<b>Melon Thrips</b> – grown and packed on a property more than 100kms from melon thrips	<b>MTF01</b> (not available to businesses north of Pottsville, Northern NSW)	
<b>Phylloxera</b> – grown in an area free of Phylloxera where stock is grown >45m or >100m from a grapevine	<b>PHY01, PHY02</b> (only available to a nursery)	
<b>Soil Sterilisation</b>	<b>NPM01</b> (soil free media), <b>NPM02</b> (steam pasteurisation)	
<b>Red Imported Fire Ant)</b>	<b>RAF-01</b> (RIFA area freedom > 5 km)	

*Please Note: For additional operational arrangements please complete ‘Application for accreditation as a biosecurity certifier – Certification Assurance Arrangement’ form which can be found at <https://www.dpi.nsw.gov.au/biosecurity/managing-biosecurity/forms>*

**8. Privacy Statement**

This information is collected by the collecting agency identified in this form in relation to its functions under the *Biosecurity Act 2015*. This agency/s and the NSW Department of Primary Industries and Regional Development may use and disclose this information as reasonably necessary for the purpose of performing biosecurity risk functions under, or reasonably contemplated by, the *Biosecurity Act 2015*.

## 9. Declaration

I agree that all the information contained in this application is complete and accurate

I certify that I am authorised to submit this form on behalf of the business.

Full name

Signature

Position of applicant

Date

Note: It is an offence under section 308 of the *Biosecurity Act 2015* for a person to furnish information that the person knows to be false or misleading in a particular matter: in or in connection with an application under the Act, or in purported compliance with any requirement imposed by or under the Act.