

Primary Produce Safety Act 2011

# APPLICATION FOR ACCREDITATION OF A PRIMARY PRODUCER

**Complete and return this form and any attachments to:**

The Chief Inspector of Primary Produce Safety  
Department of Primary Industries, Parks, Water and Environment  
PO Box 46, Kings Meadows TAS 7249  
Or email to: [Sheree.Stonjek@dpiwve.tas.gov.au](mailto:Sheree.Stonjek@dpiwve.tas.gov.au)

**Enquiries and Assistance:**

Food Safety Management Officer  
Product Integrity Branch  
Phone: (03) 6165 3091  
Email: [Owen.Hunt@dpiwve.tas.gov.au](mailto:Owen.Hunt@dpiwve.tas.gov.au)

- This form is to be filled out and signed by the proprietor of a primary produce business seeking accreditation.

## Applicant Details

*Note:* An accreditation can only be issued in the name of an individual or business.

### Personal

Title (please tick appropriate box)

Mr     Mrs     Ms     Miss

Name (first name and family name) \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Facsimile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Position in Business (if applicable) \_\_\_\_\_

Preferred method of contact (please tick appropriate box)

Phone     Facsimile     Email     Post (using Business Postal Address)

### Business (if applicable)

Business Structure     Sole Trader     Partnership     Trust     Company

Business Name \_\_\_\_\_

Trading Name \_\_\_\_\_

Australian Business Number (ABN) \_\_\_\_\_

Australian Company Number(ACN) \_\_\_\_\_

Location of Business Premises \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address (if different from above) \_\_\_\_\_ Postcode \_\_\_\_\_

# PRIMARY PRODUCE SAFETY ACT – APPLICATION FOR ACCREDITATION

## Operating Details

Please include all site addresses (Include vessels, processing facilities and marine farms) in addition to that listed above, where you or your business carries out primary production activities.

If you require more space than what is allocated below, please attach the additional information to the back of this form.

Location of Site 1	Postcode
Location of Site 2	Postcode
Location of Site 3	Postcode

Details of additional premises attached  Yes  No

## Management Details

Please list all persons who manage or control the day-to-day operations of the business, including all directors or partners in the business. If more space is required please attach the additional information to the back of this form.

Name (first name and family name)	
Position in Business	
Residential Address	
Contact Phone Number	

Name (first name and family name)	
Position in Business	
Residential Address	
Contact Phone Number	

Name (first name and family name)	
Position in Business	
Residential Address	
Contact Phone Number	

# PRIMARY PRODUCE SAFETY ACT – APPLICATION FOR ACCREDITATION

## Suitability Check

In the last ten (10) years have you, the business, any director of the business or anyone in a management role been convicted of any of the following (please tick appropriate box):

YES    NO      Any offence against the *Primary Produce Safety Act 2011, Egg Industry Act 2002, Meat Hygiene Act 1985, Food Act 2003*, a prescribed Act<sup>1</sup> or corresponding Commonwealth, Territory or State law.

YES    NO      Any offence of dishonesty

(If you answered yes to one or both of the above questions, please attach details of the offences to the back of this form)

## Accreditation Details

Please indicate all types of operations carried out by you or your business by ticking the applicable box(es).

<p><b>Producer</b></p> <p><input type="checkbox"/> Poultry   <input type="checkbox"/> Seafood farming   <input type="checkbox"/> Seafood Harvesting (Wild fisheries)   <input type="checkbox"/> Egg   <input type="checkbox"/> Seed Sprouts</p> <p>Description of Operation:</p> <p>Number of Employees   <input type="text"/></p> <p><b>Poultry and Egg Producers only</b></p> <p>PID Number (Refer to your Council rates notice)   <input type="text"/></p> <p>PIC Number (If known)   <input type="text"/></p>
<p><b>Processor</b></p> <p><input type="checkbox"/> Meat   <input type="checkbox"/> Ready-to-Eat Meat   <input type="checkbox"/> Poultry   <input type="checkbox"/> Seafood   <input type="checkbox"/> Egg   <input type="checkbox"/> Pet Food</p> <p>Description of Operation:</p> <p>Number of Employees   <input type="text"/></p>
<p><b>Transporter</b></p> <p><input type="checkbox"/> Meat   <input type="checkbox"/> Poultry   <input type="checkbox"/> Seafood   <input type="checkbox"/> Egg</p> <p>Description/details of each vehicle: (i.e. Refrigerated Vehicles)</p> <p>Number of Employees   <input type="text"/></p>

<sup>1</sup> Prescribed Acts:

*Agricultural and Veterinary Chemicals (Control of Use) Act 1995; Animal (Brands and Movement) Act 1984; Agricultural and Veterinary Chemicals (Tasmania) Act 1994; Animal Health Act 1995; Animal Welfare Act 1993; Environmental Management and Pollution Control Act 1994; Living Marine Resources Management Act 1995; Public Health Act 1997.*

# PRIMARY PRODUCE SAFETY ACT – APPLICATION FOR ACCREDITATION

## Food Safety Program

*Note:* You are required to prepare and implement a food safety program under the Meat and Poultry, Seafood, Egg, Pet Food and Seed Sprouts Food Safety Schemes.

\*\*\*\*Please attach a copy of the Food Safety Program to the back of this form.\*\*\*

If you do not have a Food Safety Program and need one, the Department of Primary Industries, Parks, Water and Environment can provide you with a template and assistance. Please contact the Product Integrity Branch, Food Safety Management Officer by phone (03) 6165 3091, fax (03) 6343 2833 or email [owen.hunt@dpiwpe.tas.gov.au](mailto:owen.hunt@dpiwpe.tas.gov.au).

## Fees

Please refer to the [PPSA Accreditation Fees and Charges Information Sheet](#)

*Note:* An invoice will be sent out upon receipt of the completed application form. The fee is non-refundable and payment must be made before the Accreditation will be issued.

## Declaration of Applicant

IMPORTANT: It is a requirement of the Chief Inspector of the *Primary Produce Safety Act 2011*, that a person must not, in completing or signing this application form, intentionally provide any information that is false or misleading.

I, \_\_\_\_\_

of \_\_\_\_\_

located at \_\_\_\_\_

declare that the particulars set out in this application with all supporting documentation are true and correct to the best of my knowledge and belief. I also consent to the Department conducting a criminal history check in deciding if I am a fit and proper person.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Privacy statement

Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to courts and other agencies authorised to collect it. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to Biosecurity Tasmania.

The personal information provided in this form relating to the business being carried on by you will be recorded in a public register of accredited producers in accordance with the *Primary Produce Safety Act 2011* and any relevant Food Safety Scheme made under the Act. Information recorded on the register of accredited producers is public information and may be accessed by any member of the public on written request to the Chief Inspector of Primary Produce Safety.

PRIMARY PRODUCE SAFETY ACT – APPLICATION FOR ACCREDITATION

**OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Full Fee Amount Received:  YES  NO  N/A

Food Safety Program Attached:  YES  NO  N/A

Further information, documents or records required:  YES  NO

(If YES, provide details of what is required)

---

---

---

Inspection of premises, vehicle, plant or equipment required:  YES  NO

(If YES, provide details of what is required)

---

---

---

Conditions of accreditation:

---

---

---

Recommendation:

- Temporary Accreditation for a period of \_\_\_\_\_
- Full Accreditation
- Accreditation Refused

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Food Safety Management Officer*