



Application to vary an approved arrangement

Form approved under section 434 of the *Biosecurity Act 2015*

Section A: General information

<p>Purpose of this form</p>	<p>To apply for approval for a variation to an approved arrangement (AA) where goods that are subject to biosecurity control may be treated or otherwise dealt with.</p> <p>This application is not to be used to notify the department of a change in physical location or legal entity, including a change in ABN.</p> <p>This application is not to be used for changes to broker or disinsection arrangements.</p>
<p>Before applying, visit the departments website</p>	<ul style="list-style-type: none"> • Check the BICON database for import conditions. • See the AA class requirements for the applicable class. • Read the department's fit and proper person's guidance material.
<p>Your application must include</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A completed and signed application form. <input type="checkbox"/> A site plan, if applicable. <input type="checkbox"/> Additional information required by the class requirements that is relevant to the variation you are applying for. <input type="checkbox"/> If printing, please ensure all corrections are initialed and whiteout is not used.
<p>Post or email your application</p>	<p>Email address: aa.canberra@agriculture.gov.au</p> <p>Postal address: Approved Arrangements Department of Agriculture and Water Resources PO Box 858 Canberra ACT 2601</p>

Section B: Applicant

1	AA number		
2	Australian Business Number (ABN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Select, if no change
3	Australian Company Number (ACN) (leave blank if none) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Select, if no change
4	Name of applicant (legal entity name)		
5	Registered business names		<input type="checkbox"/> Select, if no change
6	Registered business address Street address		<input type="checkbox"/> Select, if no change
	Suburb/town/city	State	
7	Postal address (if the same as your street address, write AS ABOVE) PO box/street address		<input type="checkbox"/> Select, if no change
	Suburb/town/city	State	
8	Do you have a generic email address? No <input type="checkbox"/> Yes <input type="checkbox"/> Provide generic email address:		<input type="checkbox"/> Select, if no change
9	Do you agree to your AA details being published on the department's website? No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/> Select, if no change

Section C: Management

10	Declarant (authority to sign this application)		
	Title	First name	Last name
	Job title		
	Work phone	Work mobile phone	
	Work email		

11	AA manager (person responsible for the AA)		
	<input type="checkbox"/> If same as above		<input type="checkbox"/> Select if no change
	Title	First name	Last name
	Job title		
	Work phone		Work mobile phone
	Work email		

Section D: Contact

12	AA site contact (person responsible for the AA site)		
	<input type="checkbox"/> If same as above		<input type="checkbox"/> Select if no change
	Title	First name	Last name
	Job title		
	Work phone		Work mobile phone
	Work email		

Section E: Proposed changes

Is this application to:

- add AA sites, go to section F
- cancel AA sites, go to section G
- add classes, go to section H
- remove classes, go to section I
- add biosecurity activities, go to section J
- remove biosecurity activities, go to section K
- vary requirements, go to section L

Please complete all sections that apply and then move onto section M.

If applying for more than one AA site to be added or cancelled, attach a sheet and assign a number to each AA site (for example, AA site 2, etc).

Section F: Add AA site

13	Proposed AA site physical address		
	Room numbers	Floor/level	Building name
	Street number	Street name	
	Suburb/town/city	State	Postcode
14	Is this site co-located with other AA sites? No <input type="checkbox"/> Yes <input type="checkbox"/> List AA sites:		

Indicate the AA classes you are applying for at the new AA site

List the proposed imported commodities for each class

List the mode of arrival of these commodities

List the proposed biosecurity activities you are applying to undertake

➔ If all changes have been recorded, go to section M.

Section G: Cancel AA site

15	AA site number		
	Physical address		
	Room numbers	Floor/level	Building name
	Street number	Street name	
	Suburb/town/city	State	Postcode
16	Intended date of closure Note: Must provide at least 15 days' notice prior to the intended date of closure for the AA site.		

➔ If all changes have been recorded, go to section M.

Section H: Add classes

17	AA site number		
	Physical address		
	Room numbers	Floor/level	Building name
	Street number	Street name	
	Suburb/town/city	State	Postcode
18	Is this site co-located with other AA sites?		
	No <input type="checkbox"/> Yes <input type="checkbox"/> List AA sites:		

Indicate the AA classes you are applying to add to this AA site

Indicate the existing AA classes for this AA site

List the proposed imported commodities that will be handled at this AA site

List the mode of arrival of these commodities

List the proposed biosecurity activities you are applying to undertake

➔ If all changes have been recorded, go to section M.

Section I: Remove classes

19	AA site number		
	Physical address		
	Room numbers	Floor/level	Building name
	Street number	Street name	
	Suburb/town/city	State	Postcode

20	Is this site co-located with other AA sites?		
	No <input type="checkbox"/> Yes <input type="checkbox"/> List AA sites:		

Indicate the AA classes you are applying to remove from this AA site

➔ If all changes have been recorded, go to section M.

Section J: Add biosecurity activities

21	AA site number		
	Physical address		
	Room numbers	Floor/level	Building name
	Street number	Street name	
	Suburb/town/city	State	Postcode

22	Is this site co-located with other AA sites?		
	No <input type="checkbox"/> Yes <input type="checkbox"/> List AA sites:		

Indicate the AA classes this AA site is approved for

List the proposed imported commodities that will be handled at this AA site

List the mode of arrival of these commodities

List the proposed biosecurity activities you are applying to add to this AA site

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→ If all changes have been recorded, go to section M.

Section K: Remove biosecurity activities

23	AA site number		
	Physical address		
	Room numbers	Floor/level	Building name
	Street number	Street name	
	Suburb/town/city	State	Postcode

Indicate the AA classes approved at this AA site

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List the proposed biosecurity activities you are applying to remove from this AA site

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List the proposed biosecurity activities you are proposing to continue to undertake

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→ If all changes have been recorded, go to section M.

Section L: Vary requirements

24	AA site number		
	Physical address		
	Room numbers	Floor/level	Building name
	Street number	Street name	
	Suburb/town/city	State	Postcode

25	Is this site co-located with other AA sites? No <input type="checkbox"/> Yes <input type="checkbox"/> List AA sites:
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Indicate the AA class this application applies to

List the requirements that you are proposing to vary

List the reasons why you are proposing to vary these requirements

List how you are going to meet these requirements, if applicable

➔ If all changes have been recorded, go to section M.

Section M: Fit and proper person test

26 Have you, or any of the associates relevant to the operation of the proposed arrangement, been convicted of an offence against, or ordered to pay a pecuniary penalty under, any of the following Acts:

a) *Biosecurity Act 2015*

b) *Quarantine Act 1908*

c) *Customs Act 1901*

d) **the Criminal Code or the *Crimes Act 1914*, to the extent that it relates to any Act referred to in this paragraph?**

Note: Do not include any convictions older than 10 years if:

- not sentenced to imprisonment, or
- sentenced to imprisonment of no more than 30 months.

No

Yes Attach details of the circumstances.

27 Is there a debt that is due and payable by you, or any of the associates relevant to the operation of the proposed arrangement, to the Commonwealth under:

a) *Biosecurity Act 2015*

b) *Quarantine Act 1908*

c) *Customs Act 1901?*

No

Yes Are any of these debts more than 28 days overdue?

No

Yes If yes, attach details of the circumstances.

28 Have you, or any of the associates relevant to the operation of the proposed arrangement, had a permit, compliance agreement, approval, arrangement or licence refused under:

a) *Biosecurity Act 2015*

b) *Quarantine Act 1908*

c) *Customs Act 1901?*

No

Yes Were any of these refusals in part or full due to a record of noncompliance?

No

Yes If yes, attach details of the circumstances.

29 Have you, or any of the associates relevant to the operation of the proposed arrangement, had a permit, compliance agreement, approval, arrangement or licence suspended, revoked or cancelled in part or in full under:

a) Biosecurity Act 2015

b) Quarantine Act 1908

c) Customs Act 1901?

Note: Do not include any decision to vary, suspend, revoke or cancel that was set aside on review.

No

Yes Were any of these suspensions, revocations or cancellations in part or full due to failure or refusal to comply with the relevant requirements of the arrangement, permit and/or licence?

No

Yes If yes, attach details of the circumstances.

30 Are there any other matters relevant to whether you are a fit and proper person to carry out biosecurity activities to manage biosecurity risk?

No

Yes Attach details of the circumstances.

Section N: Declaration

To be submitted by the Declarant, listed in section C of this application.

Giving false or misleading information is a serious offence. You may be liable to a civil penalty for giving false and misleading information.

I declare that:

- I am the applicant/I am authorised to sign this declaration on behalf of the applicant.
- I have made reasonable enquiries in respect of the matters in this application.
- The information I have provided is true and correct to the best of my knowledge.
- I have attached the information specified as required in:
 - this application form
 - the class requirements relevant to this application.
- The applicant is ready for a site audit (if required) to determine whether it complies with the class requirements relevant to this application.

Signature

Date (dd/mm/yyyy)

Full name

Section O: Privacy notice

‘Personal information’ means information or an opinion about an identified individual, or an individual who is reasonably identifiable. ‘Personal information’ that is collected under or in accordance with the *Biosecurity Act 2015* is also ‘protected information’ under the Biosecurity Act.

‘Sensitive information’ is a type of personal information and includes any information or opinion about an individual’s racial or ethnic origin; political opinions; religious beliefs or affiliations; philosophical beliefs; sexual orientation or practices; membership of a political association, professional or trade association or union; or criminal record. It also includes health or genetic information about an individual and biometric information or templates.

The collection of ‘protected information’ including personal and sensitive information by the Department of Agriculture and Water Resources (the department) in relation to this application is being collected under the *Biosecurity Act 2015* for the purposes of assessing your application and related purposes. If the relevant personal information requested in this application is not provided by you, the department may be unable to process your application. Information collected by the department will only be used or disclosed as authorised under the *Biosecurity Act 2015*.

The personal information requested on this form may be disclosed to other Commonwealth agencies such as the Department of Immigration and Border Protection.

It will not usually be disclosed overseas. In every case it will only be disclosed if authorised by the *Biosecurity Act 2015*. See our [Privacy Policy](http://www.agriculture.gov.au/about/privacy) web page (<http://www.agriculture.gov.au/about/privacy>) to learn more about accessing or correcting personal information or making a complaint. Alternatively, telephone the department on +61 2 6272 3933.