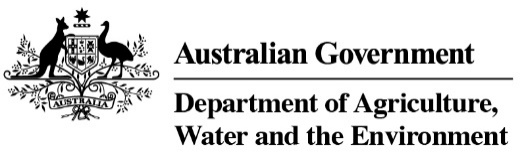
September 2021



**Application to vary a Class 19 Approved Arrangement**

# Section A: General information7

|  |  |
| --- | --- |
| **Purpose of this form** | This form is used to apply for a variation to a Class 19 approved arrangement (AA).This form is used to notify the department of a change to an accredited person or AA Manager covered by a Class 19 arrangement. |
| **Before applying, visit the departments website** | * See the AA class requirements for the applicable class. * Read the department’s fit and proper person’s guidance material. |
| **Your application must include** | * A completed and signed application form. * Evidence of accreditation for the class. * Additional information required by the class requirements that is relevant to the variation you are applying for. * If printing, please ensure all corrections are initialed and whiteout is not used. |
| **Post or email your application** | **Email address:**[AEP.Arrangements@awe.gov.au](mailto:AEP.Arrangements@awe.gov.au)**Postal address:**AEP ArrangementsDepartment of Agriculture, Water and the EnvironmentPO Box 858Canberra ACT 2601 |

# Section B: Applicant

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | |  |  | | --- | --- | | **AA number** | **Branch ID:** | | | | | |
| **2** | **Australian Business Number (ABN)** | | | |
| **3** | **Australian Company Number (-ACN)** (leave blank if none) | | | | |
| **4** | **Name of applicant** (legal entity name) | | | | |
| **5** | **Registered business address**Street address | | | | |
| Suburb/town/city | | State | Postcode | |
| **6** | **Postal address** (if the same as your street address, write AS ABOVE)PO box/street address | | | | |
| Suburb/town/city | | State | Postcode | |
| **7** | **Do you have a generic email address?****No** **Yes** Provide generic email address: | | | | |
| **8** | **Current Class 19** | 19.1 19.2 | | | |

# Section C: Management

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9** | **AA Manager** (Person responsible for the AA) | | | Select, if   changed |
| Title | First names | | Last name |
| Job title | | | |
| Work phone | | Work mobile phone | |
| Work email | | | |

# Section D: Accredited Persons

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Title | First name | | | Last name |
| Customs Broker License No. | | Accreditation No. | | |
| Job title | | | | |
| Work phone | | | Work mobile phone | |
| Work email | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Title | First name | | | Last name |
| Customs Broker License No. | | Accreditation No. | | |
| Job title | | | | |
| Work phone | | | Work mobile phone | |
| Work email | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Title | First name | | | Last name |
| Customs Broker License No. | | Accreditation No. | | |
| Job title | | | | |
| Work phone | | | Work mobile phone | |
| Work email | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Title | First name | | | Last name |
| Customs Broker License No. | | Accreditation No. | | |
| Job title | | | | |
| Work phone | | | Work mobile phone | |
| Work email | | | | |

# **Note: If adding more accredited persons please attach a separate sheet.**

# Section E: Proposed changes

|  |
| --- |
| **Is this application to?**Add classes, go to section FRemove classes, go to section G |
| **If there is no change to classes, go to section H.** |

# Section F: Add classes

|  |  |  |  |
| --- | --- | --- | --- |
| **11** | **Current Class** | | |
| **Physical address** | | |
| Street number | Street name | |
| Suburb/town/city | State | Postcode |

**Indicate the AA class you are applying to add.**

**Indicate the existing AA classes for this AA.**

|  |
| --- |
| **If all changes have been recorded, go to Section H.** |

# Section G: Remove classes

|  |  |  |  |
| --- | --- | --- | --- |
| **12** | **Physical address** | | |
| Street number | Street name | |
| Suburb/town/city | State | Postcode |

**Indicate the AA class you are applying to remove.**

Section H: Fit and proper person test

## 13 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.

## 14 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.

## 15 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.

## 16 Have you, or any of the associates relevant to the operation of the proposed arrangement, had a permit, compliance agreement, approval, arrangement or license 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 license?

No

Yes If yes, attach details of the circumstances.

## 17 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 I: 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 authorized 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.

Signature Date (dd/mm/yyyy)

Full name

# Section J: 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 1800 900 090.