

Application for an approved arrangement – disinsection arrangements

Approved under section 434 of the Biosecurity Act 2015

Section A: General information

Purpose of this application	To apply for approval for an approved arrangement to perform disinsection treatments of international aircraft to prevent the introduction of potential disease vectors and harmful pests.	
Before applying, visit the departments website to view the	 disinsection information pages. Ensure you read and understand the Schedule of Aircraft Disinsection Procedures for Flights into Australia and New Zealand. class 43.1 conditions. fit and proper person's guidance material. 	
Your application must include	 A completed and signed application form. Additional information required by the class conditions, e.g. Contract of Services if you are using a third-party applicator. Attach additional contact details, if applicable. 	
Submit your application to	aa.canberra@awe.gov.au	

Section B: Applicant

1	Australian Company Number (ACN) (leave blank if none)		
2	Australian Business Number (ABN)		
3	Legal entity name (must match name of the ACN/ABN used above)		
4	Registered business address		
	Street address		
	Suburb/town/city	State	Postcode
5	Postal address		
	PO Box/Street address		
	If same as above		
	Suburb/town/city	State	Postcode
6	Do you have a generic email address?		
		Provide email address:	
7	Airline designator (if applicable)		

Section C: Management

8	Declarant (authority to sign this application)			
	Title	First name		Last name
	Job title			
	Work phone	Work mot		e phone
	Work email			
9	Approved Arrangement manager (person responsible for the approved arrangement)			for the approved arrangement)
	If same as above			
	Title	First name		Last name
	Work phone		Work mobile phone	
	Work email			

10	Approved Arrangement co	ontact (contac	t person for c	lay to day operations)	
		First name		Last name	
	Work phone		Work mobil	e phone	
	Work email				

Section D: Type of treatment

11	Indicate which type of disinsection treatment you are intending to perform (select one tick box):			
	Pre-embarkation Residual Both treatments			
12	Are you intending to use a third party to apply the disinsection treatment?			
	□ No □ Yes \rightarrow If yes, attach a copy of <u>contract of services</u> for each third party treatment			
	provider			

Section E: 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 <i>Crimes Act 1914,</i> 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 including details of the offence, dates and associated penalties.				
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				
	\Box Yes \rightarrow Attach details of the current debt including reason why it is overdue.				
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:				

b) Quarantine Act 1908				
Customs Act 1901?				
No				
Yes → Attach details of the circumstances including details of the refusals, dates and associated reference numbers.				
ve you, or any of the associates relevant to the operation of the proposed arrangement, d a permit, compliance agreement, approval, arrangement or licence suspended, revoked cancelled in part or in full under:				
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 → Attach details of the circumstances including details of the suspensions, revocations or cancellations, dates and associated reference numbers.				
there any other matters relevant to whether you are a fit and proper person to carry out security activities to manage biosecurity risk?				
No				
Yes Attach details of the circumstances.				

Section F: 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 will ensure that biosecurity activities are carried out in accordance with the approved arrangement.

Signature	Date (dd/mm/yyyy)	

Full name

Section G: 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 Department of Agriculture, Water and the Environment collects your 'protected information' including personal and sensitive information in relation to this application under the *Biosecurity Act 2015* for the purposes of assessing your application and related purposes. If you fail to provide some or all of the relevant personal information requested in this application 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 department may disclose your personal information to other Commonwealth agencies such as the Department of Home Affairs (DHA).

With the consent of relevant individuals or entities named in this application, the department may disclose the following information to the DHA for the purpose of DHA assessing and processing an application for the Australian Trusted Trader program and/or the Known Consignor Scheme:

- Information about individuals in this application (personal and protected information). This information includes
 personal information, as defined in the *Privacy Act 1988*, that is protected information under the *Biosecurity Act 2015*. This
 information may also include commercial-in-confidence information, as defined in section 15 of the Biosecurity Act, about
 individuals that is protected information.
- Information about the applicant which is not personal information (entity and protected information). This information may include commercial-in-confidence information, as defined in section 15 of the Biosecurity Act, that is protected information under the Biosecurity Act.

Note: Decisions regarding this consent provision do not impact on the assessment of this application. If consent is provided it may be withdrawn at any time by notifying the department at aa.canberra@awe.gov.au.

Consent can be given by relevant persons by completing the below declarations.

Consent to disclose personal and protected information

This application contains personal information and/or commercial-in-confidence information which constitutes protected information under the Biosecurity Act. Under subsection 588(3) of the Biosecurity Act the department may disclose protected information that relates to me with my consent.

By signing below, I provide consent for the department to disclose personal and protected information that relates to me, to DHA, for DHA to use that information for the purpose of assessing and processing an application for the Australian Trusted Trader program and/or the Known Consignor Scheme.

Signature	Declarant full name
Signature	Approved arrangements manager full name
Signature	Approved arrangements site contacts full name

Consent to disclose entity information

Alternatively, email the department at privacy@awe.gov.au.

By signing below, the named entity provides consent for the department to disclose entity information to DHA, which may include protected information under the Biosecurity Act, for the purpose of DHA assessing and processing an application for the Australian Trusted Trader program and/or the Known Consignor Scheme:

Signature	Declarant full name	Name of entity	
See our Privacy Policy webpage to learn more about accessing or correcting personal information or making a complaint.			