



BMSB Rolled Goods Policy Application

Section A: General Information

This form is to be used to seek approval for onshore treatment of break bulk (including open top, flat rack and modified containers) that has been treated prior to export to Australia, but the goods have exceeded the [120 hour post treatment window](#) by less than 48 hours (making total post treatment window time 168 hours) due to rolling / shipping delays in the load port.

Retreatment onshore within 48 hours may be permitted upon submission and approval of this form under the departments [rolled goods policy](#).

Before applying

Verify your consignment is eligible for onshore treatment under the BMSB rolled goods policy [Seasonal measures for Brown marmorated stink bug \(BMSB\)](#).

Eligible goods must be:

- Shipped as breakbulk, or in an open top or flat rack container
- Acceptably treated prior to export
- Initially booked to be shipped on board within the 120 hour post treatment window
- Within a consignment that was rolled (rescheduled) by the shipping line
- The revised and actual shipped on board date is not more than 48 hours past the initial 120 post treatment window.

To complete this form

Electronically

Save the MS Word document to your desktop or device. Open and complete the form using the latest version of MS Word.

Manually

Save the PDF document to your desktop or device. Open PDF and print document.

Use black or blue pen

Print in **BLOCK LETTERS**

Mark boxes with a tick or a cross.

Your application must include

- ☐ Copy of the original treatment certificate.
- ☐ Copy of the original booking that includes the intended shipping date.
- ☐ Evidence from the shipping line that the goods were rolled to another booking.
- ☐ Evidence of the rebooked voyage and actual shipped on board date.
- ☐ Written confirmation from the relevant parties engaged to perform the required activities as listed in Section E or F.

Note: Additional information may be requested based on the risk assessment of the information provided in this application.

Email your application and supporting documents

Hitchhiker Pest Policy
Email: HPP@aff.gov.au



Section B: Applicant details

Person authorised to request the onshore treatment

Given names: _____ Family name: _____

Work phone: _____ Mobile phone: _____

Email: _____ Fax: _____

☐ Broker

☐ Importer

☐ Other, please specify: _____

Australian business registration

Australian Business Number (ABN): _____

Australian Company Number (ACN): _____

Business address

Street address (PO Box will not be accepted): _____

Suburb/town/city: _____ State/territory: _____ Postcode: _____



Section C: Consignment Details

Consignment details

☐ Open Top (OT) Container

☐ Flat Rack (FR) Container

☐ Break Bulk

☐ Shippers Own Container (SOC)

☐ Modified FCL Container

Goods description: _____

Bill of Lading number: _____

Container number/s (if applicable): _____

Full Import Declaration (if available): _____

Port of Loading: _____

Estimated arrival date: _____

Discharge Port: _____



Section D: Risk Management Plan Details

Proposed location of onshore treatment

☐ Approved Arrangement (AA) premise within the port precinct – [Go to Section E](#)

☐ Discharge Wharf – [Go to Section F](#)

Note: Permission for onshore treatment will only be granted where the goods can be treated either at the discharge wharf or an Approved Arrangement (AA) premises within the port precinct.



Section E: Request for treatment at an AA premise

Entity engaged to tarp the goods at the wharf

Envelope tarping or similar sealing containment methods must be used to contain the risk and be effective even in adverse weather conditions.

Entity name: _____

☐ **REQUIRED** - Written evidence from the entity engaged to perform the tarping, confirming the tarping will be performed within 24 hours of discharge.

☐ **REQUIRED** - Written evidence from the wharf operator, confirming access will be provided to the 3rd party to allow tarping to be performed within 24 hours of discharge.

AA with a class 4.6 where the goods will be treated

Treatment must occur within 24 hours of the tarping being verified by a DAFF officer at the wharf.

Premise Name and AA number: _____

☐ **REQUIRED** - Written evidence from the entity (AA class 4.6) engaged to perform the treatment, confirming the treatment will be performed within 24 hours of the tarping being verified by a DAFF officer prior to movement to the nominated AA.

Section F: Request for treatment on wharf

Entity engaged to perform the treatment at the wharf

Tarping and treatment must occur within 24 hours of discharge.

Treatment provider Name and AA number: _____

☐ **REQUIRED** - Written evidence from the treatment provider engaged to perform the tarping and treatment at the wharf, confirming the tarping and treatment will be performed within 24 hours of discharge.

☐ **REQUIRED** - Written evidence from the wharf operator, confirming access will be provided to the nominated treatment provider to allow tarping and treatment within 24 hours of discharge and a map showing where on the wharf the goods will be treated.

Section G: Additional details

Please provide any additional information that may be relevant to the risk management plan and how it will be carried out:

Note: Additional information / evidence may be requested by the department to support your application.



Section H: Applicant declaration

To be completed by the person named in [Section B](#) of this application

I declare that the information I have provided is true and correct. I understand that it is a criminal offence under the *Criminal Code Act 1995* to knowingly give false or misleading information to a Commonwealth officer exercising powers under Commonwealth law. This offence carries a maximum penalty of 12 months' imprisonment.

☐ I have read and understood the [privacy notice](#) and Privacy Policy.

Signature (type or sign your name): _____

Date (dd/mm/yyyy): _____

Full name: _____



Section I: Privacy notice

'Personal information' means information or an opinion about an identified, or reasonably identifiable, individual.

'Sensitive information' is a subset of personal information and includes any information or opinion about an individual's racial or ethnic origin, political opinion or association, religious beliefs or affiliations, philosophical beliefs, sexual preferences or practices, trade or professional associations and memberships, union membership, criminal record, health or genetic information and biometric information or templates. By completing and submitting this form you consent to the collection of all personal information, including sensitive information, contained in this form.

The Department of Agriculture, Fisheries and Forestry collects your personal information (as defined in the *Privacy Act 1988*) in relation to this form to process and manage your claim. If you fail to provide some or all of the personal information requested in this form, the department may be unable to process your application.

The department may disclose your personal information to Australian Government agencies, persons or organisations (including law firms advising the department) where necessary for the purposes described, provided the disclosure is consistent with relevant laws, particularly the Privacy Act. Your personal information will be used and stored in accordance with the Australian Privacy Principles.

See our [Privacy Policy](#) web page to learn more about accessing or correcting personal information or making a complaint.

Alternatively, email our Privacy Officer at privacy@aff.gov.au.