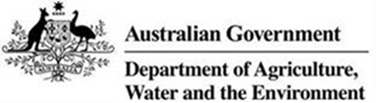
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**Request for suspension of an approved arrangement –   
non-broker arrangements**

Approved under section 417 of the *Biosecurity Act 2015*

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| Section A: General information7 | |
| **Purpose of this application** | To notify the department of the timeframes for the voluntary suspension of your approved arrangement. |
| **Before applying, visit the departments website** | Read the department’s suspending non-broker approved arrangements guidance material and general policies. |
| **Your application must include** | A completed and signed application.  If printing, please ensure corrections are initialed and whiteout is not used. |
| **Submit your application to** | **Email address:** [aa.canberra@awe.gov.au](mailto:aa.canberra@awe.gov.au) |
| **After you apply** | After receipt of your application, you will receive an invoice with payment instructions. More information on fees and levies is available on the department’s website. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section B: Applicant | | | | | | | | | | | |
| **1** | **Approved arrangements number** | | | | | | | | | | |
| **2** | **Legal entity name** | | | | | | | | | | |
| Section C: Management | | | | | | | | | | | |
| **3** | **Approved arrangements manager or declarant** (authority to sign this application) | | | | | | | | | | |
| Title | | First name | | | | | | | | Last name |
| Job title | | | | | | | | | | |
| Work phone | | | | | | Work mobile phone | | | | |
| Work email | | | | | | | | | | |
| Section D: Approved arrangement site details | | | | | | | | | | | |
| **4** | **Physical address** | | | | | | | | | | |
| Room numbers | | | Floor/level | | | | | Building name | | |
| Street number | | | | | Street name | | | | | |
| Suburb/town/city | | | State | | | | | Postcode | | |
| Section E: Suspension details | | | | | | | | | | | |
| **5** | **Suspension type**Specify the type of suspension. Whole suspension is the suspension of all of the approved arrangement, part suspension is the suspension of part of the approved arrangement, e.g., a class, area or a specific biosecurity activity. Whole  Part\*\*Site plans need to be submitted if applicable, please refer to the department’s website for examples of when to include one. | | | | | | | | | | |
| **6** | **Start date of suspension**The notice period for a proposed suspension of an approved arrangement is 15 business days, starting on the day on which the relevant delegate receives the request for the suspension. Please nominate your intended date of suspension for the approved arrangement below, ensuring the date is at least 15 business days from the day you submit this application. We cannot accept this application if the date is less than 15 business days.  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Day: |  | Month: |  | Year: |  | | | | | | | | | | | |
| **7** | **End date of suspension**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Day: |  | Month: |  | Year: |  | | | | | | | | | | | |
| **8** | **Reasons for the suspension** Must provide details of the reason biosecurity activities/biosecurity areas/the AA site (cross out those that are not applicable) need to be suspended. | | | | | | | | | | |
| **9** | **Biosecurity risk management** Must provide details of how biosecurity risks will be managed during the period of suspension (e.g. removed from site). For part suspensions, also include details of the class, area of the approved arrangements site and biosecurity activities that will not be carried out during the period of suspension. | | | | | | | | | | |
| 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. | | | | | | | | | | | |
| Signature | | | | | | | | | | Date (dd/mm/yyyy) | |
| Name | | | | | | | | | | | |
| Section I: 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 commercial-in-confidence information by the Department of Agriculture and Water Resources 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*. A person to whom protected information relates may consent to the information being disclosed for a certain purpose.  The personal information requested on this form may be disclosed 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](mailto: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 contact full name | | | | | | |
| **Consent to disclose entity information**  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](http://www.agriculture.gov.au/about/privacy) webpage to learn more about accessing or correcting personal information or making a complaint. Alternatively, telephone the department on +61 2 6272 3933. | | | | | | | | | | | |