# Offshore Brown Marmorated Stink Bug (BMSB) Treatment Providers Scheme – Application Form

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| Section A: General information | |
| Purpose of this application: | For treatment providers to apply for registration under the Offshore Brown Marmorated Stink Bug Treatment Providers Scheme.  If this application is approved, you will be permitted to conduct BMSB treatments for goods imported into Australia and New Zealand during the 2019-20 BMSB season. |
| Before applying, read the: | * [Offshore Brown Marmorated Stink Bug Treatment Providers Scheme](http://www.agriculture.gov.au/import/before/brown-marmorated-stink-bugs/offshore-bmsb-treatment-providers-scheme) * [Treatment methodology](http://www.agriculture.gov.au/import/arrival/treatments/treatments-fumigants) applicable to the treatment type/s your company conducts. * [Guidance](http://www.agriculture.gov.au/import/before/brown-marmorated-stink-bugs/offshore-bmsb-treatment-providers-scheme) for companies seeking to register multiple branches. |
| Your application MUST include | A completed and signed application. The application must be completed in English.  Documentary evidence for each applicable treatment method, as detailed in Section F of this form. All documentation must be provided in English or accompanied with an English-translated version of the document. |
| Submit your application via email to: | * [bmsbtreatments@agriculture.gov.au](mailto:bmsbtreatments@agriculture.gov.au) if you intend treat goods shipped to Australia and New Zealand. * [standards@mpi.govt.nz](mailto:standards@mpi.govt.nz) if you intend to treat goods shipped to New Zealand only. |
| After you apply | The Australian Department of Agriculture or the New Zealand Ministry of Primary Industries will acknowledge receipt of your application via email. |

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| Section B: Company Details | | | | | | |
| Company Name | | | | | | |
| Email Address | | | | Website | | |
| Physical Address Street address: | | | |  | | |
| Suburb/town/city: | | State: | | | | Postcode: |
| Country: | | | | | | |
| Postal Address | | | | | | |
| If same as above | | | | | | |
| PO box/street address: | | | | | | |
| Suburb/town/city: | | State: | | | | Postcode: |
| Country: | | | | | | |
| **NOTE: By submitting this application form, you agree to have your company details published on Australian and New Zealand government websites.** | | | | | | |
| Section C: Management | | | | | | |
| **Declarant** (person in management with authority to sign this application) | | | | | | |
| Title: | First name: | | | | Last name: | |
| Job title: | | | | | | |
| Work phone: | | | Work email: | | | |

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| Section D: Type of Treatment/s | | |
| **Which types of BMSB treatments will your company conduct?**  Heat Treatment  Methyl Bromide Fumigation (non-European Union applicants only)  Sulfuryl Fluoride Fumigation  **Can your company conduct treatments indoors (for example, in a warehouse)?**  Yes  No | | |
| Section E: Type of treatable goods | | |
| **Which types of goods can your company treat?**  Containerised cargo – that is, treatments conducted in six-sided sealable containers such as FCL (full container load), FCX (full container consolidated), LCL (less than container load) and FAK (freight of all kinds)  Goods to be shipped as break bulk, in open top containers or on flat rack containers  Individual goods using sheeted stack methods  Individual goods using chamber treatment methods | | |
| Section F: Mandatory Documentation | | | | |
| **Overview** Supporting documentation must be provided with your application to demonstrate that your company has the necessary equipment, technicians and treatment procedures to conduct safe and effective BMSB treatments. You must:Provide evidence for every item listed in the table/s applicable to your treatment type/s. Scanned copies of the documentation is acceptable.Indicate you have provided evidence each item by ticking ‘yes’ in the check box column of the table.Clearly label each document and photo in English. If you have multiple pieces of the same item of the equipment, provide evidence of each piece of equipment. For example, if you have three Fumiscopes, you must provide photos and calibration certificates for each Fumiscope.Provide all documentation in English. If the original documentation is not written in English, you must provide both the original version of the document and a translated version of the document. **Heat treatment documentation** Table 1 outlines the supporting documentation that must be provided with heat treatment applications. | | | | |
| Heat treatment - documentation required with applications | | | | |
| **Item** | | **Documentation required (scanned/electronic copies acceptable)** | **Attached to application?** | |
| 1. Technicians | | 1. The table at Appendix 1 of this application must be completed with details of all technicians employed by the company. | Yes | |
| 1. Heat treatment enclosure | | 1. Labelled photos of heat treatment enclosures used by the company | Yes | |
| 1. If containerised treatments are conducted, photos of false door system connected to heat source | Yes or  Not Applicable (NA) | |
| 1. If sheeted stack treatments are conducted, photos of sheets/covers used to cover consignment | Yes or  NA | |
| 1. Description of the heat treatment enclosure, including confirmation that it can achieve and maintain required temperature. | Yes | |
| 1. Heat source and fans | | 1. Labelled photos of the heat source | Yes | |
| 1. Evidence that the heat source can raise and maintain the temperature above 56°C | Yes | |
| 1. Either:    1. Labelled photos of fans to distribute and circulate the hot air **OR**    2. Evidence that the heat source has an in-built fan system that distributes/circulates the hot air. | Yes | |
| 1. **Five** or more portabletemperature sensors (at least three surface and two ambient) | | 1. Labelled photos of the **all** temperature sensors used for BMSB treatments. For example, if the company uses 50 sensors, provide photos of all 50 sensors. | Yes | |
| 1. Evidence that the sensors are capable of measuring between 0°C and a temperature above 56°C | Yes | |
| 1. Evidence that all sensors are currently calibrated | Yes | |
| 1. Data logging equipment | | 1. Labelled photos of data logging equipment | Yes | |
| 1. Evidence that the data logging equipment can record temperature data at least every 60 seconds | Yes | |
| 1. Calibration certification for data logging equipment | Yes | |
| 1. Sample report of data logging output (chart or graph) | Yes | |
| 1. Treatment volumes | | 1. Forecast of the company’s expected monthly volume of BMSB heat treatments | ☐ Yes | |

**Fumigation documentation**

Table 2 outlines the supporting documentation that must be provided with methyl bromide and sulfuryl fluoride fumigation applications. If you are applying for one fumigation type only, use the appropriate ‘check box’ column on the right side of the table to ensure you provide all applicable documentation. If you are applying for both fumigation types, you must provide documentation for all items listed in the table.

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| Fumigation - documentation required with methyl bromide and sulfuryl fluoride applications | | | | | | |
| **Item** | | **Documentation required** | | **Methyl Bromide application** | **Sulfuryl Fluoride application** | |
| 1. Fumigant supply purchase records | | 1. Receipt of latest purchase of fumigant, including the supplier’s details (note: you can erase/cover the purchase price) | | Yes | Yes | |
| 1. Labelled photos of current supplies of fumigant (either cylinders or cans) | | ☐ Yes | Yes | |
| 1. Technician licences and training | | 1. The table at Appendix 1 of this application must be completed with details of all technicians employed by the company. | | Yes | Yes | |
| 1. Scanned copies of each technician’s licence to conduct methyl bromide and/or sulfuryl fluoride treatments | | Yes | Yes | |
| 1. For sulfuryl fluoride applications, evidence that each sulfuryl fluoride technician has completed one of the following stewardship programs:    1. Douglas Products Fumiguide Stewardship Program    2. Ensystex II, Inc Fumicalc | | Not Applicable (NA) | Yes | |
| 1. Fumiguide or Fumicalc program | | 1. Sample report of fumigation report from Fumiguide or Fumicalc program used during fumigations (Sulfuryl fluoride applications only) | | NA | Yes | |
| 1. Risk area equipment | | 1. Photos of four or more warning signs indicating danger and/or toxic gas is in use | | Yes | Yes | |
| 1. Photos of equipment for creating physical barrier to establish risk area for the duration of the treatment (for example, tape and poles) | | Yes | Yes | |
| 1. Personal protective equipment | | 1. Labelled photos of full face respirator equipment | | Yes | Yes | |
| 1. Labelled photos of gas filter canisters for respirators | | Yes | Yes | |
| 1. Fumigation enclosure | | 1. Description of all treatment enclosure types used and labelled photo of the enclosures | | Yes | Yes | |
| 1. If sheeted container or stack fumigations are conducted, labelled photos of gas-proof sheets and the fumigation area free of debris, cracks & drains | | Yes *or*  NA | Yes *or*  NA | |
| 1. If un-sheeted container fumigations are conducted:    1. labelled photos of a typical container with sealed air vents, free of holes or damage    2. labelled photos of false door (if used) | | Yes *or*  NA | Yes *or*  NA | |
| 1. If fumigation chambers are used, evidence that the chamber has a current acceptable pressure test certification | | Yes *or*  NA | Yes *or*  NA | |
| 1. Concentration sampling tubes | | 1. Labelled photos of three or more concentration sampling tubes connected into the inlet of the concentration measuring instrument | | Yes | Yes | |
| 1. Scales | | 1. Labelled photos of scales used to measure the dose of the fumigant | | Yes | Yes | |
| 1. Valid calibration certification for scales | | Yes | Yes | |
| 1. Fumigant supply pipes | | 1. Labelled photos of fumigant supply pipes | | Yes | Yes | |
| 1. Fans | | 1. Labelled photos of fans for circulating fumigant in the fumigation enclosure | | Yes | Yes | |
| 1. Heat source  (for locations where minimum ambient temperature is likely to fall below 10°C) | | 1. Labelled photos of the heat source for heating the fumigation enclosure | | Yes *or*  NA | Yes *or*  NA | |
| 1. Evidence that the heat source can raise and maintain the temperature of the fumigation enclosure above 10°C. | | Yes *or*  NA | Yes *or*  NA | |
| 1. At least 2 temperature sensors  (for locations where minimum ambient temperature is likely to fall below 10°C) | | 1. Labelled photos of the temperature sensors | | Yes *or*  NA | Yes *or*  NA | |
| 1. Evidence that the sensors are capable of measuring between 0°C and a temperature above 15°C and are accurate within +/-0.5 °C. | | Yes *or*  NA | Yes *or*  NA | |
| 1. Evidence that all sensors are currently calibrated | | Yes *or*  NA | Yes *or*  NA | |
| 1. Temperature data logging equipment  (for locations where minimum ambient temperature is likely to fall below 10°C) | | 1. Labelled photos of data logging equipment | | Yes *or*  NA | Yes *or*  NA | |
| 1. Calibration certification for data logging equipment | | Yes *or*  NA | Yes *or*  NA | |
| 1. Sample report of data logging output | | Yes *or*  NA | Yes *or*  NA | |
| 1. Vaporiser  (Methyl Bromide applications only) | | 1. Labelled photos of vaporiser | | ☐ Yes | NA | |
| 1. Labelled photos of heat source for vaporiser capable of heating and maintaining the water in the vaporiser at least 65 °C | | ☐ Yes | NA | |
| 1. Leak detector | | 1. Labelled photos of leak detection equipment | | ☐ Yes | ☐ Yes | |
| 1. Evidence that the leak detection equipment is capable of measuring fumigant concentrations down to 20 ppm | | ☐ Yes | ☐ Yes | |
| 1. Valid calibration certificate for leak detector | | ☐ Yes | ☐ Yes | |
| 1. Concentration measuring instruments | | 1. Written list of all concentration measuring instruments owned by company, including their serial numbers | | ☐ Yes | ☐ Yes | |
| 1. Labelled photos of concentration measuring instrument, including photos of serial number | | ☐ Yes | ☐ Yes | |
| 1. Valid calibration certificate for concentration measuring instrument | | ☐ Yes | ☐ Yes | |
| 1. Evidence of the user’s manual for the concentration measuring instrument (photo of front cover is acceptable) | | ☐ Yes | ☐ Yes | |
| 1. Labelled photo of moisture and carbon dioxide filters for concentration measuring instrument | | Yes *or*  NA | Yes *or*  NA | |
| 1. Electronic TLV-TWA measuring equipment | | 1. Labelled photos of electronic measuring equipment for venting (TLV-TWA) | | ☐ Yes | ☐ Yes | |
| 1. Evidence that the equipment is capable of measuring fumigant concentration in the range of 0 to 20 ppm. | | ☐ Yes | ☐ Yes | |
| 1. Valid calibration certificate for TLV-TWA measuring equipment | | ☐ Yes | ☐ Yes | |
| 1. Treatment volumes | | 1. Forecast of the company’s expected monthly volume of BMSB heat treatments | | ☐ Yes | ☐ Yes | |
| Section G: Privacy Notice | | | | |
| **Australian Department of Agriculture’s Privacy Notice**  ‘Personal information’ means information or an opinion about an identified, or reasonably identifiable, individual. By completing and submitting this form you consent to the collection of all personal information contained in this form.  The Australian Department of Agriculture collects your personal information (as defined in Australia’s Privacy Act 1988) in relation to this form for the purposes of assessing your application and related purposes. If you fail to provide some or all of the personal information requested in this form, the department will be unable to process your application.  The Australian Department of Agriculture may disclose your personal information to the New Zealand Ministry for Primary Industries or organisations 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. It will be disclosed overseas. In every case it will only be disclosed if authorised by the *Biosecurity Act 2015*.  The Department of Agriculture collects your 'protected information' including personal and sensitive information in relation to this application form, and your participation in the Offshore Brown Marmorated Stink Bug Offshore Treatment Providers Scheme (the scheme) under the *Biosecurity Act 2015* for the purposes of assessing your application and assessing your compliance with the requirements of the scheme and related purposes. If you fail to provide some or all of the relevant personal information requested in this form, or as part of the scheme, the department may be unable to assess your application, or authorise you to conduct biosecurity treatments under the scheme*.* Information collected by the department will only be used or disclosed as authorised under the *Biosecurity Act 2015*.  By completing and submitting this form you consent to the disclosure of all personal information contained in this form to New Zealand Ministry for Primary Industries. The Australian Department of Agriculture has not taken steps to ensure that New Zealand Ministry for Primary Industries does not breach the Australian Privacy Principles. This means that:   * New Zealand Ministry for Primary Industries may not be accountable under the Privacy Act * you may not be able to seek redress under the Privacy Act * you may not be able to seek redress in the overseas jurisdiction * New Zealand Ministry for Primary Industries may not be subject to any privacy obligations or to any principles similar to the Australian Privacy Principles.   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 Australian Department of Agriculture on +61 6272 3933. | | | | |
| **New Zealand Ministry for Primary Industries’ Privacy Notice**   * The information in Section C is personal information for the purposes of New Zealand’s Privacy Act 1993 * This information is collected for the purpose of registering as a treatment provider. * An agreement between MPI and the Australian Department of Agriculture has been reached as to methods, including joint audits offshore to align and cobrand the BMSB treatment programme. This will mean sharing of information and joint management. * To facilitate implement this agreement, MPI will provide the Australian Department of Agriculture and with the non-personal information in this form and wishes to provide the personal information in Section C. * Your informed consent authorising disclosure to the Australian Department of Agriculture is required in accordance with section 6, Principle 11 (d) of the New Zealand Privacy Act 1993. * You are not obliged to authorise disclosure. If you do not, your application will be processed in and for New Zealand only. You will be required to make independent relevant applications to Australia as required. Non-personal information will be shared as per advisory above. | | | | |
| Section H: Applicant Declaration | | | | |
| To be submitted by the Declarant, listed in section C of this application.  I declare that:   * The information I have provided is true and correct. * The company listed in Section B of this application agrees to meet the requirements of the Offshore BMSB Treatment Providers Scheme. * I will notify [bmsbtreatments@agriculture.gov.au](mailto:bmsbtreatments@agriculture.gov.au) if any of the information contained in this application changes. * I have read and understood the privacy notice and Privacy Policy. | | | | |
| **Signature (type or sign your name):** | | **Date (dd/mm/yyyy):** | | |
| **Full name:** | | | | |

## Appendix 1: Additional technicians employed by company

Complete the following table with details of all treatment providers/technicians employed by the company. Add additional rows to the table if required.

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| **Title** | **First Name** | **Last name** | **Job Title** | **Heat** | **Methyl Bromide** | **Sulfuryl Fluoride** |
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