



Import permit application

Phone: +61 1800 084 881 Email: info@agric.wa.gov.au

Application for import permit

Biosecurity and Agriculture Management Act 2007 and Regulations 2013

| Import of prohibited organism (s12) Import of unlisted organism (s15) Import of declared pest (s22) Import of permitted organism requ Import of a prescribed potential ca | uiring a perm arrier under p | permit (r68) | | |
|--|---------------------------------|--|------------------|-----------|
| (i) Please complete details in parts A, B, C and sign declaration below. (ii) The proposed import – product / commodity / organism details on page 4 must also be filled in. | | Please return completed form to: Pest and Disease Information Service Department of Agriculture and Food Locked Bag 4 Bentley Delivery Centre 6983 | | |
| Part A Import permit applicant details | ("The Import | er") | | |
| The applicant will be the Consig | nor or | Consignee | Please tick | cone only |
| Title: | | | | |
| Given name(s): | | | | |
| Surname: | | | | |
| Business name: | | | | |
| Contact person: | | | | |
| ABN or ACN (companies only): | | | | |
| Physical Address: | | | PO Box not ac | cepted |
| Suburb: S | tate/Territory | : | Postcode: | |
| Postal address: | | | If same write 'a | as above' |
| Suburb: S | tate/Territory | : | Postcode: | |
| Work phone: | | | | |
| Home phone: | | | | |
| Mobile: | | | | |
| Fax: | | | | |
| Email: | | | | |
| Upon this application being approved | d, please retu | urn permit by | Email Fax | Mail |

Import permit application

| Part B Additional details | | | | |
|------------------------------|------------------|--------------------------|--|--|
| Details of the Consignor of | r Consignee | Please tick one only | | |
| Title: | | | | |
| Given name(s): | | | | |
| Surname: | | | | |
| Business name: | | | | |
| Contact person: | | | | |
| ABN or ACN (companies only): | | | | |
| Physical address: | | PO Box not accepted | | |
| Suburb: | State/Territory: | Postcode: | | |
| Postal address: | | If same write 'as above' | | |
| Suburb: | State/Territory: | Postcode: | | |
| Work phone: | | | | |
| Home phone: | | | | |
| Mobile: | | | | |
| Fax: | | | | |
| Email: | | | | |

| Ture Gueet | o support application | | | |
|--|---|-------|--|-----|
| Please provide as much information as possible in support of your application. Include details of the measures or circumstances that mitigate the biosecurity risk to the state of Western Australia. Details may include treatments, certification, testing or manufacturing process. | | | | |
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| Declaration | | | | |
| | for a permit to import the products/s or organical records are that the information that I have providually wledge. | | | the |
| I declare that I will comply with all conditions specified in any Import Permit that may be issued as a result of this application. I understand that as the Permit Holder, I will be the importer for | | | | |
| the purposes of the Biosecurity and Agricultural Management Act 2007." | | | | |
| | | | | |
| | | | | |
| Signature: | | | | |
| Name: | | Date: | | / |





Proposed import - product / commodity / organism details

| Scientific name (i.e. Genus species) or manufacturer | Description (e.g. seed, tube stock, tissue culture, strain, variety, cultivar, model and serial number) | End Use (e.g. planting, human consumption) | Source area (e.g. state) | Quantity / Volume |
|--|--|--|--------------------------|-------------------|
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