

PERMIT APPLICATION FOR HOST MATERIAL MOVEMENT INTO OR FROM A PHYLLOXERA CONTROL AREA

This application is to be used to apply for a permit for the movement of Phylloxera host material from and/or into an area declared to be phylloxera control area under section 19 of the *Plant Biosecurity Act 2010*.

Please complete **ALL RELEVANT** sections.

1. Applicant details

Applicant name (full legal name)	
Applicant Date of Birth	
Name of company (If applicable)	
Business name (i.e. trading as)	
ABN/ACN	
Name of Primary Contact (if different from applicant name)	
Street address	
Town/suburb	
State	
Postcode	
Telephone (business hours)	
Mobile	
Fax	
Email	
Postal address (if different from street address)	
Town/suburb	
Postcode	

2. Details of property where host material is to originate from

(list all applicable, attach additional pages as required)

Phylloxera Zone (select all applicable)	<input type="checkbox"/> PIZ: <ul style="list-style-type: none"> <input type="checkbox"/> Maroondah <input type="checkbox"/> Mooroopna <input type="checkbox"/> Nagambie <input type="checkbox"/> North East <input type="checkbox"/> Upton <input type="checkbox"/> Whitebridge <input type="checkbox"/> PRZ: Victoria
Street address/addresses	

3. Details of property where host material is to be received

(list all applicable, attach additional pages as required)

<p>Phylloxera Zone (select all that apply)</p>	<p><input type="checkbox"/> PIZ:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maroondah <input type="checkbox"/> Mooroopna <input type="checkbox"/> Nagambie <input type="checkbox"/> North East <input type="checkbox"/> Upton <input type="checkbox"/> Whitebridge <input type="checkbox"/> Interstate <p><input type="checkbox"/> PRZ:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Victoria <input type="checkbox"/> Interstate <p><input type="checkbox"/> PEZ:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Western Victoria <input type="checkbox"/> Mornington Peninsula <input type="checkbox"/> Interstate
Street address/addresses	

4. Permit type (select)

<p><input type="checkbox"/> Single movement Approx. date:</p>
<p><input type="checkbox"/> Multiple movements Dates (<i>from/to</i>): Number/frequency of movements:</p>

5. Host material details

<p><input type="checkbox"/> Wine Grapes</p> <p>Type:</p> <p>Quantity:</p> <p>Transport in (<i>select</i>):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bins <input type="checkbox"/> Bulk <input type="checkbox"/> Other
<p><input type="checkbox"/> Unfiltered Juice</p> <p>Description:</p> <p>Quantity:</p>
<p><input type="checkbox"/> Whole Must</p> <p>Description:</p> <p>Quantity:</p>

Marc

Description:

Quantity:

Treated prior to moving by (*select*): 4-day fermentation 3-month composting Pasteurised in accordance with Australian Standard AS 4454 (2012) **Cuttings and/or Rootlings**

Description:

Quantity:

 Diagnostic Samples (*Select all that apply*) I am sending to a Victorian lab accredited by Agriculture Victoria on CA-26 or approved by the Chief Plant Health Officer I am sending interstate I am disinfesting the sample prior to sending

Method of disinfestation:

 Agricultural Equipment and Used PackagesEquipment/Package type (*select all that apply*): Machinery – Harvester Machinery – Other Used Packages – Bins Used Packages – Other

Description of equipment/packages:

Treatment type (*select all that apply*) Heat room: I operate a heat room facility at (location): I will use a third-party facility at (included details): Bin dip Steam **Other Host Material** (*e.g., soil, potted vines*)

Description:

Quantity:

6. Plant Health Declarations (PHDs)

This section only applies to equipment and used packages.

<input type="checkbox"/> I have a PHD book <p style="text-align: center;">Reference number:</p> <input type="checkbox"/> I require a PHD book
Names of people nominated to sign and issue PHDs:

Name	
Address/ Place of Business	
Signature	
Date	

Name	
Address/ Place of Business	
Signature	
Date	

7. Fees and charges

Fees and charges may apply for inspections and service delivery associated with permit conditions. Refer to the Agriculture [Victoria website](http://agriculture.vic.gov.au/biosecurity/moving-plants-and-plant-products/fees-and-charges-for-plant-biosecurity-services) for further details <http://agriculture.vic.gov.au/biosecurity/moving-plants-and-plant-products/fees-and-charges-for-plant-biosecurity-services>

8. Declaration

I, (full name) of (address) hereby declare that all details provided by me on this form and in any supporting documentation are true and correct. Signature (<i>sign electronically by inserting an image of your signature or by typing your name below</i>) Date
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To submit your application or if you have questions, please contact the relevant Region by email or call **1800 878 962**, for follow up by the local Plant Biosecurity Officer.

South West plant.southwest@agriculture.vic.gov.au

South East plant.standards@agriculture.vic.gov.au

Northern plant.quarantine@agriculture.vic.gov.au

Agriculture Victoria is collecting your personal information for the purposes of the Plant Biosecurity Act 2010. This may include using the personal information to determine the origin, destination, consignor and receiver of plant pest or disease hosts or host material declared restricted under importation orders of the Plant Biosecurity Act 2010. Personal information collected in the permit application includes that of the key contact, sender, and recipient of the described materials. You must only provide this information on the person's behalf if you have the consent of the person to provide their personal information.

This information may be provided to other State or Commonwealth Government bodies for the purposes of biosecurity, or in the case of other natural disasters and emergencies.

Any personal information collected, held, managed, used, disclosed, or transferred will be held in accordance with the *Privacy and Data Protection Act 2014* and other applicable laws. Agriculture Victoria is committed to protecting the privacy of personal information. You may contact us to request access to your personal information, or for other concerns regarding the privacy of your personal information. For more information visit <https://www.deeca.vic.gov.au/privacy>

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Section 3(1) Authorisation for person(s) to make plant health declarations.

Delegate Name

Signature

Date

Delegate Title