# Permit Application for host material movement from a Potato Cyst Nematode Control Area

This application form applies to the movement of potato cyst nematode (PCN) host material, including any host plant (meaning any plant or plant product of the *Solanaceae* family and any root vegetable, bulb, seedling, nursery plant or tree), earth material, package or used equipment associated with the cultivation, harvesting, handling, transport or processing of host plants from a PCN control area; where there is a prohibition, restriction or condition in the Order Declaring Control Areas in Victoria for the Purpose of Preventing the Spread of the Pest Potato Cyst Nematode, made pursuant to section 19(1) of the *Plant Biosecurity Act 2010*.

It is an offence for a person to contravene any prohibition, condition or restriction specified in the Order, unless authorised to do so by a permit issued by the Secretary and acting in accordance with the conditions of that permit. This offence attracts a maximum penalty of 60 penalty units for a natural person and 300 penalty units for a body corporate.

Please complete **ALL RELEVANT** sections and write in **BLOCK LETTERS.**

| Applicant details |
| --- |
| Applicant name (entire legal name) |  |
| Name of company (If applicable) |  |
| ABN/ACN |  |
| Business name (i.e., trading as) |  |
| Name of primary contact (if different from applicant name) |  |
| Street address  |  |
| Town/suburb |  |
| State, Postcode |  |
| Telephone (business hours) |  |
| Fax |  |
| Mobile |  |
| Email  |  |
| Postal address(if different from street address) |  |
| Postal address town/suburb |  |
| Postal address state, postcode |  |
| Crown allotment/lot on plan and plan number details for **all** owned or leased production land. |  |

| Details of property within Control Area where material is to originate from |
| --- |
| Roadside address of the property where material is to originate from |  |
| Local Council |  |
| Crown allotment/lot on plan and plan number details (available on rates notice) **and** PCN land status for each parcel |  |

|  |
| --- |
| Description of materials being sent and their destination |
| Receiver’s name |  |
| Receiver’s address |  |

| Material type |
| --- |
| [ ]  processing potatoes  | [ ]  ware potatoes | [ ]  root vegetables |
| [ ]  agricultural equipment/machinery | [ ]  used packages | [ ]  diagnostic samples |
| [ ]  waste potatoes (including stockfeed) | [ ]  potted plant stock | [ ]  advanced containerised trees |
| [ ]  bare-rooted advanced trees | [ ]  bulbs | [ ]  earth material |
| [ ]  other |  |  |
| If your intended material type is not included in the list, please email the Potato Cyst Nematode Permit Officer at Plant.Standards@agriculture.vic.gov.au for assistance or call 136 186. |
| Material description(please list potato varieties) |  |
| Quantity of material |  |
| Approximate Consignment Dates | ....../….../20……–….../……/20…… |

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| Quantity of material |  |
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**Copy and attach additional pages if required.**

|  |
| --- |
| 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………………………..............................................................Date…………………… |

**In the case of agricultural equipment & packages – e.g., empty bins, the business may obtain an annual permit and approval to sign Plant Health Declarations certifying each movement. The names of people nominated to sign and issue declarations should be entered below.**

| **Authorised Signatory:**(print name) |  |
| --- | --- |
| **Address:** |  |
| **Signature:** |  |
| **Date:** | …....... / …....... / …....... |

|  |  |
| --- | --- |
| **Authorised Signatory:**(print name) |  |
| **Address:** |  |
| **Signature:** |  |
| **Date:** | …....... / …....... / …....... |

**Send your completed application form and any supporting documentation to:**

**Post:** Attention: Potato Cyst Nematode Permit

Plant Standards

Administration Building, Box 4 Melbourne Markets,

55 Produce Drive, Epping, VIC 3076

**OR**

**Email:** Plant.Standards@agriculture.vic.gov.au;

**If you have any queries, please contact DJPR Customer Service on 136 186**

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 and receiver of PCN host material movements from a PCN control area under the Plant Biosecurity Act 2010. Personal information collected in the permit application includes that of the applicant, origin/sender and recipient of the host material. 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. DJPR 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, by emailing the Department’s Privacy Unit at privacy@ecodev.vic.gov.au. The Department’s privacy policy is also available by emailing the Department’s Privacy Unit.

| **Office use only: To be completed by Plant Standards** |
| --- |
| Section 3(1) Authorisation for person(s) to make plant health declarations;Delegate Name .............................................. Signature ....…………………....................... Date: / / Delegate Title .............................................. |