# 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*) | **PIZ**:  Maroondah  Mooroopna  Nagambie  North East  Upton  Whitebridge  **PRZ:** Victoria |
| Street address/addresses |  |



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

(list all applicable, attach additional pages as required)

|  |  |
| --- | --- |
| **Phylloxera Zone** (*select all that apply*) | **PIZ**:  Maroondah  Mooroopna  Nagambie  North East  Upton  Whitebridge  Interstate  **PRZ:**  Victoria  Interstate  **PEZ:**  Western Victoria  Mornington Peninsula  Interstate |
| Street address/addresses |  |

## 4. Permit type (select)

|  |
| --- |
| **Single movement**  Approx. date:  **Multiple movements**  Dates (*from/to*):  Number/frequency of movements: |

## Agriculture Victoria State government logoAgriculture Victoria State government logo5. Host material details

|  |
| --- |
| **Wine Grapes**  Type:  Quantity:  Transport in (*select*):  Bins  Bulk  Other |
| **Unfiltered Juice**  Description:  Quantity: |
| **Whole Must**  Description:  Quantity: |
| **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 Packages**  Equipment/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:  Agriculture Victoria State government logo Quantity: |

## 6. Plant Health Declarations (PHDs)

This section only applies to equipment and used packages.

|  |
| --- |
| I have a PHD book  **Reference number:**  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 (s*ign electronically by inserting an image of your signature or by typing your name below*)    Date |



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](mailto:plant.southwest@agriculture.vic.gov.au)

South East [plant.standards@agriculture.vic.gov.au](mailto:plant.standards@agriculture.vic.gov.au)

Northern [plant.quarantine@agriculture.vic.gov.au](mailto: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>

## Office Use only

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

Delegate Name

Signature

Date

Delegate Title