

SECTION B _ MANAGEMENT DETAILS

<p>List all persons who manage or control the day to day operations of the establishment, or substantial part of the operations, and any person who has the authority to direct such persons. Include the person who will sign the application.</p> <p>Note: For the purpose of the <i>Export Control (Prescribed Goods – General) Order 2005</i>, a person is taken to be a person who manages or controls, or is to manage, or control the operations carried on, or to be carried on, in an establishment if the person has or would have authority to:</p> <p>(a) direct the operations, or an important or substantial part of the operations; or</p> <p>(b) direct a person who has kind of authority referred to be in paragraph (a) in the exercise of that authority or proposed authority.</p>	Names	Signatures

SECTION C - DECLARATION

The person who signs this declaration **MUST** be included in those listed in Management and Control of the establishment. Before signing this declaration please ensure that you have completed each section requested in the application classification box.

I _____ being the person whose name, or being the representative of the company in whose name the establishment is, or is sought to be registered **DECLARE** that I have read the information and that the information provided in and with this application is true in every details.

GIVING FALSE OR MISLEADING INFORMATION IS A SERIOUS OFFENCE

Name in full: _____

Position: _____

Signature: _____ Date ____/____/____

ADDITIONAL COMMENTS (IF ANY) Add a separate sheet if requires

SECTION D – CHECK LIST	
Attached a copy of export establishment registration certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the receptacles used as ECGS have the ability to prevent the entry of pests, vermin, rodents, moisture and other contaminants.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the sanitation and pest control measures in place and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Work Health Policy defined with documented procedures in place to ensure health and safety of staff and visitor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the sampling system and procedures meet the Australian legislative requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attached Completed Hazard Identification and Mitigation Survey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attached Site map and aerial map of the establishment showing locations of major items such as inspection point, flowpath from inspection point to ECGS, proposed ECGS GPS coordinates, flowpath ECGS to point of export or transport, transfer of rejected goods into hospital bins, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION E - SUBMISSION OF APPLICATION	
COMPLETED APPLICATION FORM TO BE SENT OR EMAILED TO:	Grain and Seeds Exports Program Department of Agriculture, Fisheries and Forestry PO Box 858 Canberra ACT 2601 Grain.Export@daff.gov.au
CONTACT FOR FURTHER INFORMATION	T: 02 6272 3229 E: Grain.Export@daff.gov.au
SECTION F - OFFICE USE ONLY	
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No Date ____/____/____
Provisional Approval (6 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date ____/____/____
AAA- ECGS-ECGS Identification	Signature: _____ Name: _____
AAA = Registered Establishment Number ECGS = Unique Number Issued by DAFF ECGS Identification = Could be a number (1, 2, 3, etc) or Letter (A, B, or C, etc)	DAFF STAMP

