



*PRIMARY PRODUCE SAFETY ACT 2011
Primary Produce Safety (Dairy) Regulations 2024*

APPLICATION FOR ACCREDITATION ` **DAIRY TRANSPORT BUSINESS**

Complete and return this form and any attachment to:
P O Box 303 Devonport Tas 7310
or email to: enquiries@tdia.tas.gov.au

Enquiries and Assistance:
Phone: (03) 6478 4100
Email: enquiries@tdia.tas.gov.au

This form is to be filled out and signed by the proprietor of a dairy transport business seeking accreditation.

Applicant Details

Note: Accreditation can only be issued in the name of an individual or business.

Title (please tick appropriate box): Mr Mrs Ms Miss Dr

Name (first name and family name): _____

Phone Number (s): _____

Email Address: _____

Position in Business: _____

Preferred method of contact (please tick appropriate box): Phone Email Post

How many employees are employed by the business: _____

How many total hours per week do these employee's work: _____

Business (if applicable)

Business Structure: Sole Trader Partnership Trust Company

Business Name: _____

Trading Name: _____

Australian Business Number (ABN): _____

Australian Company Number (ACN): _____

Location of Business Premises: _____

Postal Address (if different to above): _____

How many employees are employed by the business: _____

How many total hours per week do these employee's work: _____

Premises Details

Please list details of the location of the business premises listed above.

Location of Business Premises: _____

Postal Address (if different to above): _____

Management Details

Please list all persons who manage or control the day-to-day operations of the business, including all directors or partners in the business and key personnel such as production manager, quality manager etc. If more space is required, please attach the additional information to the back of this form.

Full Name:	
Position in Business:	
Residential Address:	
Phone Number:	
Email Address:	

Full Name:	
Position in Business:	
Residential Address:	
Phone Number:	
Email Address:	

Full Name:	
Position in Business:	
Residential Address:	
Phone Number:	
Email Address:	

Suitability Check

In the last ten (10) years have you, the business, any director of the business or anyone in a management role been convicted of any of the following (please tick appropriate box):

Yes

No

Any offence against the *Primary Produce Safety Act 2011, Dairy Industry Act 1994, Primary Produce Safety (Dairy) Regulations 2024*, or corresponding Commonwealth, Territory or State law.

Yes

No

Any offence of dishonesty

(If you answered yes to any of the above questions, please attach details of the offences to the back of this form)

Accreditation Details

- Which TDIA Accredited Dairy Processor will supply your market milk for delivery?

Fee \$995.00

Declaration of Applicant

IMPORTANT: It is a requirement of the Chief Inspector of the *Primary Produce Safety Act 2011*, that a person must not, in completing or signing this application form, intentionally provide any information that is false or misleading.

I, _____

of _____

located at _____

declare that the particulars set out in this application with all supporting documentation are true and correct to the best of my knowledge and belief. I also consent to the TDIA conducting a criminal history check if required in deciding whether I am a fit and proper person.

Signature _____ Date _____

Privacy Statement

Your personal information will be used for the primary purpose for which it is collected and may be disclosed to courts and other agencies authorised to collect it. Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to TDIA.

The personal information provided in this form relating to the business being carried on by you will be recorded in a public register of accredited producers in accordance with the *Primary Produce Safety Act 2011* and any relevant Food Safety Scheme made under the Act. Information recorded on the register of accredited producers is public information and may be accessed by any member of the public on written request to the TDIA.

PRIMARY PRODUCE SAFETY ACT – APPLICATION FOR ACCREDITATION

OFFICE USE ONLY

Date Application Received: Yes No

Full Fee Amount Received: Yes No

Further information, documents or records required: Yes No

Fee amount \$ _____

(If YES, provide details of what is required)

Inspection of premises, vehicle, plant or equipment required: Yes No

(If YES, provide details of what is required)

Conditions of accreditation:

Recommendation:

- Temporary Accreditation for a period of _____
- Full Accreditation
- Accreditation Refused

Reason for refusal:

Signature : _____ Date : _____