DAIRY INDUSTRY ACT 1994
PRIMARY PRODUCE SAFETY ACT 2011

APPLICATION FOR DAIRY FARMERS LICENCE AND ACCREDITATION OF DAIRY PRIMARY PRODUCTION

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

Enquiries and Assistance:
Phone: (03) 6478 4100

This form is to be filled out and signed by the proprietor of a dairy primary production 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 ☐

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): _____

Farm Details

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

Location of Business Premises: _____

Postal Address (if different to above): _____

Key Contact Details

Please list all key personnel – more details can be provided on a separate sheet if required

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:	

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

Please indicate all types of operations carried out by you or your business by ticking the applicable box(es).

What type of milk will be used at the premises?

Cow ☐ Sheep ☐ Goat ☐ Buffalo ☐

Number of milking animals (estimated): _____

Company who will receive the milk: _____

Supplier number for your farm: _____

Premises Information

What type of milking system do you have? (e.g. rotary/herringbone):

_____

Is this a new dairy? Have you received Council approval for the building:

_____

What type of effluent system will you operate?

_____

Have you provided TDIA with an Effluent Management Plan from a trained livestock effluent designer for the premises? This must be submitted to the TDIA before your application can be considered.

_____

Food Safety Program

You may be required to provide the Tasmanian Dairy Industry Authority (TDIA) with your Food Safety Program under the *Primary Produce Safety Act 2011*. If you are not providing milk to a major supplier (eg. Saputo, Fonterra, Mondelez, Bega) please attach your food safety plan to this application.

If you do not have a food safety program and need one, the TDIA can provide you with a template and assistance. Please contact the Business Support Officer by phone (03)6478 4100 or email enquiries@tdia.tas.gov.au

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 Chief Inspector of TDIA.

Payment options

Application fees are currently $196.00

Cheques can be forwarded to TDIA, or the Application fees can be deposited directly to

Westpac Bank BSB 037-001

Account: NRE Clearing A/c

Number: 268083

Ref: TDIA fees & your application name

Submitting the application

CHECK	Y/N COMMENTS
Are all sections of the form complete?	
Has an effluent management plan been provided to TDIA?	
Evidence of payment of application fee sent with this application?	

Submit the form by post or email to:

Tasmanian Dairy Industry Authority

P O Box 303

DEVONPORT TAS 7310

Phone: 0364 784100

Email: enquiries@tdia.tas.gov.au

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 ☐

(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 require)

_____

_____

_____

Conditions of accreditation:

_____

_____

_____

Recommendation:

☐ Temporary Accreditation for a period of _____

☐ Full Accreditation

☐ Accreditation Refused

Reason for refusal:

_____

_____

_____

Signature : _____ Date : _____