



Plaza 1, Level 3
 Downtown Boulevard
 Po Box 18360
 Suva
 Fiji

Tel: (679) 3312512/ 3312511
 Fax (679) 3305043
 Web site: www.baf.com.fj
 Email: info@baf.com.fj

APPLICATION FOR BIOSECURITY APPROVED PREMISES

Import Biosecurity Approved Premises

Export Biosecurity Approved Premises

SECTION A: NATURE OF APPLICATION (please tick appropriate box below)

Renewal of current Facility

Approval Upgrade of current approved facility

New/ Additional Facility

Change of Ownership of approved Facility

SECTION B: FACILITY DETAILS

1. Full Premises Name: _____
2. Trading as: _____
3. Name of Operator: _____
4. Position in Business: _____
5. Email Address: _____
6. Phone: _____
7. Fax: _____
8. Mobile: _____
9. Physical Address/Location of premises: _____
10. Postal Address: (If different from physical address) _____

11. Sketch of Physical Address:

SECTION C: COMMODITY DETAILS: State type of goods you are intending to export or import (*Please fill in table below*)

List of Commodities					
Export	Name of Importing Country	Estimate Quantity Per Month	Import	Country of Origin	Estimate Quantity Per Month

Incase if more space is required, please attach additional sheets.

SECTION D: FACILITY TYPE/ STANDARDS (state type of facility you would like approval for)

1. Facility type:

- | | | |
|---|--|--|
| <input type="checkbox"/> Plant & Plant Products | <input type="checkbox"/> Nursery Stock | <input type="checkbox"/> Personal Effects |
| <input type="checkbox"/> Animal & Animal Products | <input type="checkbox"/> General Goods | <input type="checkbox"/> Frozen Goods <input type="checkbox"/> Dry Goods |

2. Facility for:

- | | |
|--|--|
| <input type="checkbox"/> Decontamination Facility for sea containers | <input type="checkbox"/> International mail and courier facility |
| <input type="checkbox"/> Fumigation & other Biosecurity treatment facility | <input type="checkbox"/> Storage facility (including bulk, general goods and storage products) |
| <input type="checkbox"/> Biosecurity Post Entry Quarantine Facility | <input type="checkbox"/> Biosecurity Inspection facility |

Others:

Specify _____

SECTION E: FACILITY OWNERSHIP

1. Do you own Facility? : Yes No

2. If yes, please attach photographs of the facility and list all the amenities available in the facility you would like approval for:

3. If no, please state who owns the facility you would like approval and attach photographs and list all the amenities available at the facility (*please provide documentary evidence of necessary arrangements made*) _____

SECTION F: DECLARATION BY APPLICANT:

On behalf of my organisation, I certify that:

- all the information given in this application is correct to the best of my organisation's knowledge,
- my organisation will fully abide by all lawful directives of BAF
- full access (24 hours x 7 days) will be granted to BAF for any requests pertaining to the premises, records and its activities,
- all waste disposal and non-compliance will be addressed as per BAF directives/ protocols/ standard operating procedures.
- all repairs and maintenance will be promptly done to keep the premises in a compliant state at all times.

(It is an offence under the Biosecurity Act 2008; Part 12, Section 92 to make false or misleading declaration)

Full Name of Applicant:

Designation:

Address:

Signature of Applicant: _____

Company Stamp

FOR OFFICIAL USE.

Facility Approved

Facility Not Approved

First inspection Recommendations/ Comments by BAF Inspector:

Name of Officer: _____

Signature: _____ Date: _____

Final Audit:

Auditors Name: _____ **Date of Inspection:** _____

Comments: _____

Approved

Not Approved

Signature: _____

Approvals by:

Team Leader Trade Facilitation and Compliance:

Comments: _____

Name of Officer: _____ Signature: _____

Date: _____

Chief Executive Officer BAF:

Comments: _____

Name of Officer: _____ Signature: _____

Date: _____