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|  | | **APPLICATION COVERSHEET -  for a Biosecurity Authority/Clearance Certificate (BACC)** | | | | | | | | No. of pages: | | | | |
| AGENT DETAILS: | | | | | CONTACT PHONE: | | | | | | | | |
| CONTACT NAME: | | | | | RETURN EMAIL / FAX: | | | | | | | | |
| CONSIGNMENT DETAILS:I.E/E.C.I No. | | | | | EDI TARIFF CODE(s) – if applicable: | | | | | | | | |
| NAME OF IMPORTER: | | | | | NAME OF EXPORTER: | | | | | | | | |
| VESSEL |  | | | | # | **Commodity/Species** | | | **Quantity/**  **Units** | | | **Measure**  (Kg / /M³) | | |
| VOY/FLIGHT: |  | | | | **1** |  | | |  | | |  | | |
| SHIPPING CO / AIRLINE: |  | | | | **2** |  | | |  | | |  | | |
| COUNTRY OF ORIGIN: |  | | | | **3** |  | | |  | | |  | | |
| DATE OF ARRIVAL: |  | | | | **4** |  | | |  | | |  | | |
| BL / AWB: |  | | | | # | **Container #s:**  (use continuation sheet if req.- pg 2) | | | FCL | | | LCL | | |
| HAWB: |  | | | | **1** |  | | | | |  | |  | |
| DISCHARGE PORT: |  | | | | **2** |  | | | | |  | |  | |
| **Provide documentation as applicable including:**  Bill of lading / AWB  Relevant invoices  Certificates Quarantine Declaration  Permit to Import & Permit No.    IHS Name: | | | | | **3** |  | | | | |  | |  | |
|  | | | | | **4** |  | | | | |  | |  | |
|  | | | | | **5** |  | | | | |  | |  | |
| **Transitional Facility- For Devanning/Inspections:** | | | | | | | | | | | | | | |
| **Treatment Supplier (If Req.):** | | | | | | | | | | | | | | |
| **CHARGE DETAILS.** Payment will be made by: | | | Account  Cash / cheque  (EFTPOS is available at MPI office) | | | | | | | | | | | |
| **Account Holder:** | | | | | | | **Account #:** | | | | | | | |
| **Importer/Agent Co Name**: | | | | | | | **Client Ref / Job #:** (To appear on invoice) | | | | | | | |
| I confirm that the information given is correct and MPI has the authority to charge the above account holder, who accepts all MPI charges associated with this consignment. Should I/my company request a duplicate BACC for this consignment, then I/my company will be charged for that. I/my company understand that this Application Coversheet will be returned by MPI if insufficient information has been supplied. | | | | | | | | | | | | | | |  | Date: |
| Full Name: | | | | Signature: | | | | Date: | | | | | | |
| **Please fax all documents to Cargo Risk Profiling on (09) 909 8584** | | | | | | | | | | | | | | |

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| **APPLICATION COVERSHEET-**  **for a Biosecurity Authority/Clearance Certificate (BACC)**    **- Continuation Sheet (from Pg 1)** | | | | | | | | | | |
| Please use this sheet if you wish to supply further commodity/container information with your application. | | | | | | | | | | |
| NAME OF IMPORTER: | | | | | | | | | | |
| **I.E./E.C.I** No. | | | | | |  | | | | |
| BL / AWB: | | | | | | HAWB: | | | | |
| **Container Reference(s)**  - *pick up from below* | | **Commodity/species** | | | | | | **Quantity /**  **Units** | **Measure**  (Kg / M³) | |
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| **#** | **Container number** | | **FCL** | **LCL** |  | **#** | **Container number** | | **FCL** | **LCL** |
| **6** |  | |  |  | **18** |  | |  |  |
| **7** |  | |  |  | **19** |  | |  |  |
| **8** |  | |  |  | **20** |  | |  |  |
| **9** |  | |  |  | **21** |  | |  |  |
| **10** |  | |  |  | **22** |  | |  |  |
| **11** |  | |  |  | **23** |  | |  |  |
| **12** |  | |  |  | **24** |  | |  |  |
| **13** |  | |  |  | **25** |  | |  |  |
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| **16** |  | |  |  | **28** |  | |  |  |
| **17** |  | |  |  | **29** |  | |  |  |