

# CERTIFICATE OF ACCREDITATION

FOR AN

## INTERSTATE CERTIFICATION ASSURANCE ARRANGEMENT



Department of  
Economic  
Development,  
Jobs, Transport  
and Resources

### BUSINESS DETAILS

#### PERIOD OF ACCREDITATION

Annual (from 04/11/2017 to 04/11/2018)

#### NAME OF ACCREDITED PERSON(S)/BUSINESS

Cutri Fruit Pty Ltd

#### TRADING NAME OF ACCREDITED PERSON

Cutri Fruit Pty Ltd

#### POSTAL ADDRESS OF ACCREDITED PERSON

P.O. Box 17 Woorinen South VIC 3588

#### ACCREDITED FACILITY

38 Byrnes Road WOORINEN VIC 3589

#### INTERSTATE PRODUCE (IP) NUMBER

V6611

#### FACILITY NUMBER

01

#### SCOPE OF ACCREDITATION

This business is accredited for an Interstate Certification Assurance arrangement for the following Operational Procedure and is subject to the accreditation conditions specified in the application form.

#### PROCEDURE CODE

ICA-21

#### OPERATIONAL PROCEDURE TITLE

Preharvest Treatment and Inspection

#### RESTRICTIONS ON ACCREDITATION

This accreditation is restricted to the certification of the listed produce types only.

#### PRODUCE TYPES

Apricot, Nectarine, Peach, Plum


#### CHEMICAL

Trichlorfon

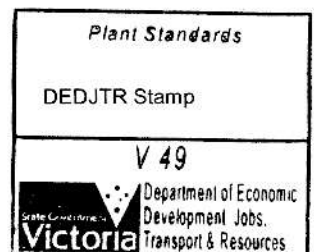
#### OTHER RESTRICTIONS

Parts A & B

AUTHORISATION

  
Signature

27/11/17  
Date



# APPLICATION FOR ACCREDITATION

RECEIVED  
 RECEPTION - RECEIPT No: 13209 (192-00)  
 Init: 407  
 13 NOV 2017  
 EFT - 1341-17

1. Has the Business been accredited previously and given an Interstate Produce (IP) Number ?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If no, proceed to Question 3
2. Have any business or contact details changed? (Please Circle)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If no, proceed to Question 6

### 3. Business Details

Name of Business / Partners	
Cutri Fruit Pty Ltd	Supply names of legal entity in full. For a partnership, list the full names of each partner in their nominal order. For companies the Australian Company Number (ACN) must be provided with a copy of the Certificate of Incorporation. For Cooperative associations proof of registration must be provided (eg. a copy of the Certificate of Registration or registration search from the Australian Securities & Investments Commission ASIC).

### Trading Name/s

Cutri Fruit Pty Ltd	ACN: 120 463 416
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Contact Person (Management Representative / Certification Controller): Gaethan Cutri

Postal Address: P.O. Box 17 Woorinen South 3588 VIC

Email	Phone	Fax	Mobile
gaethan@cutrifruit.com.au	5037 6661	5037 6649	0411 336 116

### 4. Arrangement details (where known)

Accreditation Number: Accreditation No: V6611		
Reference No.	Title of procedure, protocol or arrangement. Where relevant indicate Part A, B or A & B	Nominated street address of the facility(s) / property(s) (Attach additional page if required)
ICA-21	Preharvest Treatment and Inspection Parts A & B	38 Byrnes Road WOORINEN VIC 3589

### 5. Types of Plants/Products to be treated (eg apples, oranges, herbs, mature trees – if insufficient space, attach list)

Apricot, Nectarine, Peach, Plum

### 6. Applicant Signatures (acceptance and acknowledgment of the conditions of the application – see Part 8)

**Note:** If the applicant is a corporation, the company seal may be applied, and signed by an authorised officer. If the applicants are members of a partnership, each partner must sign the application. An Authorised Delegate may also sign here.

Name	Position	Signature	Date
DAVID HOLMES	SHED CO-ORDINATOR		23-10-17
DION SANTANA	SALES MANAGER		23-10-17
GAETHAN CUTRI	DIRECTOR		23-10-17
Lloyd Foss	Shed Manager		20-10-17
Matt Batten	System Analyst		23-10-17

Richard Bonin, QA

23/10/17

**7. Delegation** (only complete if the Contact Person is not an Owner, Partner or Director)

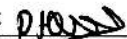
Maintaining accreditation and contact with the Plant Standards are essential functions which may be delegated to a person with day to day responsibility for these activities.

I, as an office bearer of the above company, hereby authorise the person whose name is shown below, to act for and on behalf of the company, for adherence to all accreditation conditions, as listed in Section 8, and for all future decisions regarding the accreditation, for the lifetime of the accreditation, or written advice from me to the contrary:

Name: GARTHAN CURR Signature:  Date: 23-10-17

Acceptance of delegation:

I accept responsibility for all accreditation conditions, as listed in Section 8

Name: DAVID HOLMES Signature:  Date: 23-10-17

Note: for the delegation to be effective all parts of Section 7 must be completed. Authorisation may not be further delegated.

**8. Conditions**


For the purposes of this application the following conditions apply:

"applicant"	means the person, corporation or other legal entity listed in Section 3 of this form.
"Inspector"	means a person appointed as an inspector under the <i>Plant Biosecurity Act 2010</i> .
"department"	means the Department of Economic Development, Jobs, Transport and Resources, Victoria.
"certification assurance system"	means the processes, equipment, personnel and resources used to implement the Procedure/Protocol or Agreement nominated in Section 4.

In signing this form the applicants, or their delegate, are acknowledging the following conditions and agreeing to:

1. maintain and operate the accreditation in accordance with the Procedure/Protocol or Agreement as nominated in Section 4;
2. upon request, allow an inspector to enter any premises where product certified under the accreditation is treated or despatched, or where any product, equipment, chemicals, documents or records are stored;
3. allow the Inspector to inspect or take samples of any relevant item present on the premises at the time of this search;
4. take all steps to assist an inspector in the conduct of audits, including allowing the inspector to interview any employee of the applicant in relation to the implementation of the certification assurance system;
5. pay to the Secretary of the Department or an approved inspection service any costs associated with the conduct of audits by an inspector. The applicant will be notified of these costs at the time of accreditation;
6. unconditionally return all unused portions of Plant Health Assurance Certificate booklets if accreditation has been cancelled, suspended and/ or lapsed;
7. abide by the accreditation conditions listed above and acknowledges that any accreditation is granted subject to those conditions;
8. certify that all of the information contained in this application is true and correct

**Office Use only**

Desk Audit Passed  Name (print) Louison Donsisson Signature  Date: 27/11/17

Facility GPS Locations (decimal degrees) -35.267688, 143.45723

The facilities and Arrangement conditions covered by this application have been audited and I recommend accreditation of the applicant listed in part 3.

Name (print) Louison Donsisson Signature  Date: 27/11/17

PHAC Book No. Issued:



## Department of Economic Development, Jobs, Transport and Resources

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**Plant Standards**

324 Campbell Street  
Swan Hill Vic 3585  
Telephone: (03) 5036 4800  
Facsimile: (03) 5032 9682  
ABN 69 981 208 782

Our Ref: FOL/17/81219  
Arrangement No: 14601

22/11/2017

Cutri Fruit Pty Ltd t/a Cutri Fruit Pty Ltd  
P.O. Box 17  
Woorinen South VIC 3588

Interstate Certification Arrangement  
Accreditation No: V6611

Dear Sir/Madam,

I am pleased to confirm that the accreditation of *Cutri Fruit Pty Ltd t/a Cutri Fruit Pty Ltd* with the Department of Economic Development, Jobs, Transport and Resources for the interstate movement of produce has been renewed, subject to the limitations, restrictions, or conditions listed in your accreditation.

The accreditation has been extended for another twelve months, allowing Plant Health Assurance Certificates and/or Plant Health Declarations to be issued for the interstate movement of *Apricot, Nectarine, Peach, Plum* in accordance with the requirements of *ICA-21 - Preharvest Treatment and Inspection*. In doing this you will be meeting the certification requirements of the approved state/s.

A compliance audit must be conducted within 12 weeks of reaccreditation to verify that *Cutri Fruit Pty Ltd* continue to meet the requirements of the ICA Procedure.

Please find enclosed a copy of your approved Application for Accreditation and the Annual Certificate of Accreditation for your records.

Reaccreditation is due again on 04/11/2018

Should you have any queries in relation to this matter, please contact this office on (03) 5036 4800.

Yours sincerely

Tania Douglas  
Project Support Officer

