

DAFF DOCUMENTATION LODGEMENT COVERSHEET

QUARANTINE
IMPORTED FOOD

Entry Number Please include the entry number on all faxed pages		No. Pages	
Brokerage		Phone	
Contact Name		Email	
		Fax	

Importer Name		Phone	
Contact Name (food only)		Email	
Importer Address (food only)		Fax	

Airfreight Seafreight

SAC FID PE

Commercial Documents	
Bill of Lading / Air Waybill	<input type="checkbox"/>
Invoice / Packing List	<input type="checkbox"/>
Imported Foods Documents	
Lot Code List	<input type="checkbox"/>
Laboratory Nomination Form	<input type="checkbox"/>
Health Certificate/BSE	<input type="checkbox"/>
Manufacturer's Declaration	<input type="checkbox"/>
Line Report/Invoice to Lines	<input type="checkbox"/>
Other Documentation (Please list):	

Quarantine Documents	
Packing Declaration	<input type="checkbox"/>
Cleanliness Declaration	<input type="checkbox"/>
Certificate of Origin	<input type="checkbox"/>
Treatment Certificate	<input type="checkbox"/>
Manufacturer's Declaration	<input type="checkbox"/>
Phytosanitary Certificate	<input type="checkbox"/>
Health Certificate	<input type="checkbox"/>
Supplier's Declaration	<input type="checkbox"/>
Exporter's Declaration	<input type="checkbox"/>
Import Permit Number (if applicable)	

Delivery/Unpack Details	
Delivery Postcode	Unpack Location (if goods to be unpacked from container prior to rural delivery)

Permission Requested for:			
Release on documents	<input type="checkbox"/>	Export from Australia (incl. transhipment)	<input type="checkbox"/>
Tailgate Inspection	<input type="checkbox"/>	Detainment (e.g. at Quarantine Station)	<input type="checkbox"/>
Rural Tailgate Inspection	<input type="checkbox"/>	Destruction (e.g. deep burial, incineration)	<input type="checkbox"/>
Inspection of Goods	<input type="checkbox"/>	Treatment	<input type="checkbox"/>
Movement Only	<input type="checkbox"/>	Treatment Type:	
Other:	<input type="checkbox"/>	I acknowledge that the above treatment may damage the goods and agree to the treatment taking place.	

At Nominated Location:
Permission for the above action is requested under section 44B of the Quarantine Act 1908.

Additional Information/Comments

I have made the appropriate upfront payment for the requested quarantine action
 I am an Account Client