# Department of Agriculture, Environment and Rural Affairs

**Plant Health Inspection Branch, Room 113, Dundonald House, Upper Newtownards Road, Ballymiscaw, Belfast, BT4 3SB**

**Telephone No: 028 9052 4168**

**E-Mail address for enquiries: phib.admin@daera-ni.gov.uk**

**Regulation (EU) 2016/2031**

**And Commission Delegated Regulation (EU) 2019/829**

**Application for an Authorisation to:**

land, move and keep plant pests/pathogens/plants/soil/compost for activities for trial or scientific purposes or for work on varietal selections where such landing, movement or keeping would otherwise be prohibited by The Plant Health (Official Controls and Miscellaneous Provisions) Regulations (Northern Ireland) 2020 (S.R. 2020 No. 293) (as amended).

• Please refer to the Explanatory Leaflet enclosed/available from Plant Health Inspection Branch and the General Conditions set out overleaf before completing this form.

|  |  |  |
| --- | --- | --- |
| • **Applications should be submitted at least 20 working days before the Authorisation is required.** |  | • Please complete this form in **BLACK INK** and **BLOCK LETTERS.** |
| • Details of the circumstances under which Authorisations may be issued are set out in the Explanatory Leaflet. |  |  |

## Application details

1. Name of the Company or

 Organisation which requires the Authorisation

2. Full postal address

 Postcode Code Telephone No

3. Name and e-mail address of the permanent member of staff who will act as the contact for any enquiries arising from this application (and for enquiries which may arise during the currency of the Authorisation, e.g. to request further information, or to arrange inspection visits) and who will be the designated responsible person for the material under whose direct supervision the material shall be kept.

 Name

 E-mail address

4. **Declaration** (\*delete as applicable)

• I/We\* apply for an Authorisation to import and/or keep the material listed. [The materials may be listed overleaf and, where appropriate, on separate sheets.]

 • I/We have included with this application form a Standard Operating Procedure [SOP] for the specified material.

 • I/We have included with this application form a Contingency Plan to cover any unintended release into the external environment of quarantine pests.

 • I/We\* accept the General Conditions set out overleaf.

 Signature Date

 Title (Mr/Mrs/ Name in

 Ms/Dr/Prof) BLOCK LETTERS

 Status in Company/Organisation (if appropriate)

### Please send your completed form to: Plant Health Inspection Branch, Department of Agriculture, Environment and Rural Affairs, Room 113, Dundonald House, Upper Newtownards Road, Ballymiscaw, Belfast, BT4 3SB.

**phib.admin@daera-ni.gov.uk**

**IMPORTANT NOTES:**

* **Please enclose a copy of the Standard Operating Procedures relating to the work for which the material covered by this application to be used.**
* **Please enclose a Contingency Plan relating to the specified material for which this application relates to.**
* **Guidance on the information to be included in Standard Operating Procedures and the contingency plan is given in the explanatory leaflet.**
* **If this is an application to extend the activity of a previous Licence/Authorisation please state the previous Plant Health Licence/Authorisation Number :**
	+ **If this is an application to authorise the retention of specific material from a previous licence/authorisation please list in the table below details of all the material that has been retained.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1.** | **2.** | **3.** | **4.** | **5.** |
| 5. Type of material to be imported/retained, i.e. Plant pathogen, plant or soil.  Include the scientific name or the name of the specified material if applicable. |  |  |  |  |  |
| 6. Is the material being retained or imported? |  |  |  |  |  |
| 7. Quantity to be imported/ retained (This can be the maximum quantity of material that will be held in the confinement facility at any one time). |  |  |  |  |  |
| 8. Country of: (a) origin;  |  |  |  |  |  |
|  (b) name, address and email address of consignor (if possible). |  |  |  |  |  |
| 9. Proposed point of entry into UK. |  |  |  |  |  |
| 10. Number of consignments to be imported. |  |  |  |  |  |
| 11. Quantity per consignment in cases of multiple sendings. |  |  |  |  |  |
| 12. Anticipated date of importation of each consignment. |  |  |  |  |  |
| 13. Date work expected to be completed. |  |  |  |  |  |

If it is necessary for you to continue on a separate sheet, please indicate by ticking this box

14. Please provide a summary of the nature and objectives of the specified activity to which this application relates.

*(Continue on a separate sheet if necessary)*

15. Please state the packaging conditions under which the specified material will be moved or imported.

16. Please state the name and full postal address of the confinement facility.

17. Please state the measures to be taken to ensure safe containment of the material to be covered by the Authorisation. (Please include details of rooms and buildings, including names and numbers.)

*(Continue on a separate sheet if necessary)*

18. Please state the final use of the specified material on completion of the specified activity, i.e. destruction, collection, release or storage.

19. Please state the arrangements to be made to ensure safe disposal or treatment of the material on completion of the work where appropriate. *(Continue on a separate sheet if necessary)*

20. Will the work be entirely ‘in-vitro’ in the laboratory? Yes No

 If ‘No’ will the work involve plants or parts of plants within (a) a laboratory

 (b) a growth room; or

 (c) a glasshouse

21. Where the work to which this application relates involves trialling sections, please give details of first storage or first planting after the material has been officially released from quarantine.

22. Please add any other information you feel may be useful in support of this application. Please also include a list of names and scientific and technical qualifications of all personnel who will be undertaking activities under this licence.

*If necessary, please continue on a separate sheet and indicate you have done so by ticking this box* Regulation (EU) 2016/2031

And Commission Delegated Regulation (EU) 2019/829

**General Conditions**

**Relating to the issue of authorisations to import, move and keep prohibited soil or growing medium and plant material for scientific or trialling purposes**

(i) The Department may on plant health grounds refuse any application for the issue of an Authorisation. An Authorisation will not be issued if the Department has reason to believe that any information supplied by the applicant is incorrect or inaccurate. Delays in processing applications may occur if the form is not properly completed and signed.

(ii) No liability shall attach to the Department or any of its officers for any delay in granting or failure to grant an Authorisation or any delay or non-delivery, delayed delivery or mis-delivery of any documents.

(iii) The Department and its officers shall be entitled to rely upon the accuracy of all information supplied by or on behalf of an applicant for the issue of an Authorisation.

(iv) Authorisations are granted on the strict understanding that the Authorisation holder observe all conditions, which may be part of the Authorisation. Failure to comply with any conditions may result in the withdrawal of the Authorisation and destruction of any material imported or retained. You may also be liable to prosecution.

(v) Inspections of imported or retained material may be made at any time by an Inspector.

**Department of Agriculture, Environment and Rural Affairs**

**For official use only**

**Application for authority to send Authorised material to other**

**Authorised persons or organisations**

**Notes**

**Written authority is required from Plant Health Inspection Branch before any material is sent.**

**Details of Authorisation holder wishing to send material**

1. Name of company

 or organisation

2. Person responsible

 (as named on Authorisation)

 Postcode:

3. Full postal address

 Telephone Number

 (incl. national dialling code)

4. Authorisation Number

**PHA**

5. Details of material

 to be sent

**Details of where material is to be sent**

6. Name and address of

 Postcode:

 company or organisation

 to which you intend to

 send material

**PHA**

7. Authorisation number held

 by recipient (if known)

Signature Date

Title (Mr/Mrs/ Name in

Ms/Dr/Prof etc) BLOCK LETTERS

Status in company or

Organisation (if appropriate)

DAERA Privacy Statement

[**https://www.daera-ni.gov.uk/daera-privacy-statement**](https://www.daera-ni.gov.uk/daera-privacy-statement)