(MUST be issued by the treatment provider, and MUST include the company's name and physical address)

FUMIGATION CERTIFICATE

Note: Where DAFF Biosecurity has arrangements with overseas governments and/or treatment providers the certificates must comply with the requirements of that arrangement.

This is to certify that the goods described below have been treated in accordance with the statements made below. Unique identifiable link to the consignment: Description of goods/packaging treated: (such as pallets, crates, etc if packaging was also treated.) Quantity/volume of goods/packaging treated: Name of fumigant: Dose rate: g/m³ or | lbs/cu ft (If the start and finish dates are the same, only include the date treatment finished) Duration of treatment: hours Minimum temperature: °C or ___ Minimum pressure (if applicable): For Methyl Bromide and Sulphuryl Fluoride: Plastic wrap declaration Certificates from non-AFAS treatment providers must contain one of the following statements: Plastic wrapping has not been used in this consignment; or This consignment has been fumigated before application of plastic wrapping; or Plastic wrapping used in this consignment conforms to the Wrapping and Perforation Standard as found in the Methyl Bromide Fumigation Standard. Additional statements as required by the import conditions for the relevant goods/packaging (if applicable) Signature:Printed name: (Company Representative) Date of Issue: (DD/MM/YYYY)

Note: Fumigation certificates issued by treatment providers operating under the Australian Fumigation Accreditation Scheme (AFAS) have different requirements. Refer to the Methyl Bromide Fumigation Standard on the DAFF Biosecurity website at www.daff.gov.au/aqis/import/general-info/qtfp/treatments-fumigants.

(MUST be issued by the treatment provider, and MUST include the company's name and physical address)

HEAT TREATMENT CERTIFICATE

Note: Where AQIS has arrangements with overseas governments and /or treatment providers the certificates must comply with the requirements of that arrangement.

This is to certify that the goods described below have been treated in accordance with the statements made below.

Unique identifiable link to the consignment:
Description of goods/packaging being treated: (such as pallets, crates, etc if packaging was also treated)
Quantity/volume of goods/packaging treated:
Government program name (if applicable):
Treatment provider registration number (if applicable):
Date of treatment:
Temperature: °C or °F
Duration: hours
Heat treatment certificates should also contain:
A statement to reflect that the temperature was measured at the core of the product.
 A statement that the required temperature was maintained for no less than the minimum duration.
Additional statements as required by the import conditions for the relevant goods/packaging (if applicable)
Signature

(DD/MM/YYYY)

(MUST be issued by the treatment provider, and MUST include the company's name and physical address)

KILN DRYING TREATMENT CERTIFICATE

Note: Where AQIS has arrangements with overseas governments and /or treatment providers the certificates must comply with the requirements of that arrangement.

This is to certify that the goods described below have been treated in accordance with the statements made below.

Unique identifiable link to the consignment:
Description of goods/packaging being treated: (such as pallets, crates, etc if packaging was also treated)
Quantity/volume of goods/packaging treated:
Date of treatment:
Temperature: C or c °F
Duration of heating/drying: (hours)
Timber thickness: mm or inches
Kiln drying treatment certificates must also contain:
 A statement to reflect that the temperature was measured at the core of the product.
 A statement that the required temperature was maintained for no less than the minimum duration.
Additional statements as required by the import conditions for the relevant goods/packaging (if applicable)
Signature: Printed name: (Company Representative)
Date of Issue

(DD/MM/YYYY)

(MUST be issued by the treatment provider, and MUST include the company's name and physical address)

GAMMA IRRADIATION TREATMENT CERTIFICATE

Note: Where AQIS has arrangements with overseas governments and/or treatment providers the certificates must comply with the requirements of that arrangement.

This is to certify that the goods described below, have been treated in accordance with the statements made below.

Unique identifiable link to the consignment:
Description of goods/packaging treated:
(such as pallets, crates, etc if packaging was also treated.)
Quantity/volume of goods/packaging treated:
Date of treatment:
Dose rate:
Additional statements as required by the import conditions for the relevant goods/packaging (if applicable)
Signature: Printed name:
(Company representative)
Date of issue:
(DD/MM/YYYY)

(MUST be issued by the treatment provider, and MUST include the company's name and physical address)

PERMANENT PRESERVATIVE TREATMENT CERTIFICATE

	Unique identifiable link to the consignment:
	Description of goods/packaging treated:
	Quantity/volume of goods/packaging treated:
	Date of treatment:
	Name of preservative formulation
	Chemical class of preservative (active ingredients)
	Retention of active ingredient (loading of preservative) expressed as
NOT	TE: %mass/mass = 100 x actual batch retention of active ingredient in penetration zone (mass/vol)
	actual oven dried mass of the treated wood (mass/vol)
	Plywood, LVL and veneers only:
	Veneer only treatment or glueline only treatment or both (tick one)
	Veneer thickness
	STATEMENT (tick one box):
	This is to certify that the timber described below was treated in accordance with DAFF Biosecurity penetration and retention requirements with an acceptable (listed) preservative formulation.
	This is to certify that the timber described below was treated in accordance with Australian Standard® AS/NZS1604 to specific DAFF Biosecurity penetration and retention requirements.
	Additional statements as required by the import conditions for the relevant goods/packaging (if applicable)
	Signature:Printed name: (Treatment Provider Company representative)
	Date of issue:(DD/MM/YYYY)

(MUST be issued by the manufacturer, and MUST include company's name and physical address)

NEWLY MANUFACTURED PLYWOOD/VENEER DECLARATION

Unique identifiable link to the consignment:
Description of goods:
(Such as plywood sheeting or plywood furniture etc)
Quantity/volume of goods
Statement for plywood and veneer sheeting:
The [insert name of plywood or veneer] in this consignment was manufactured on [insert date of manufacture] and has not been pre-used.
OR
Statement for plywood and veneer articles:
The [insert name of the product] in this consignment is/are made of [plywood and/or veneer] and was manufactured on [insert date of manufacture] and contains no solid wood components.
Note: Plywood/veneer sheeting or articles from all countries must be exported within 90 days of manufacture.
Signature:Printed name: (Company representative)
Date of issue:(DD/MM/YYYY)