Transfer record for horticulture exports

This template is to record the secure and traceable movement of horticulture goods for export as required under the Guideline: Maintenance of phytosanitary security for horticulture exports.

Part A – Dispatch

Name of the dispatching property: ..........................................................................................................................................................................................................

Accreditation/registered establishment number of the dispatching property (if applicable): .................................................................

Dispatching property street address: ..................................................................................................................................................................................................

Suburb/town/city: .................................................................................................................. State/territory: ............... Postcode: ................................................

Date of dispatch: ........................................... Time of dispatch: ...........................................................................................................................

Description of the goods to be transported:

<table>
<thead>
<tr>
<th>Grower name</th>
<th>Farm accreditation number (where applicable)</th>
<th>Goods</th>
<th>Type/variety</th>
<th>Quantity (number of packages)</th>
</tr>
</thead>
<tbody>
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</table>

Total

Note: Add more fields to the table above as required.

Country of final destination (if known): ........................................ RFP number (if known): ..........................................................

Vehicle type: .................................................................................. Vehicle identification number: ..........................................................

Pantech/container seal number (if applicable): .................................................................................................................................

Where the phytosanitary status of the goods was attained?
(Select multiple options if applicable)

- [ ] Pest-free area      - [ ] After harvest (free of specific pest)
- [ ] After harvest (in-field controls) - [ ] On completion of treatment - [ ] After export inspection

Detail any conditions that apply to the goods: .................................................................................................................................................................................
What is the phytosanitary security method used during transport?

- Secure packaging (carton level)
- Secure packaging (pallet level)
- Isolation by physical barrier
- Insect-proofed space

Declaration by the person completing the record on dispatch:

Goods were dispatched with phytosanitary security method in place as described in Part A of this record: 

Name: ................................................................. Signature: .................................................................

Date: ................................................................. Time: .................................................................

Part B – Receival

Name of the receiving property: .............................................................................................................

Accreditation/registered establishment number of the receiving property: ................................................

Receiving property street address: ...........................................................................................................

Suburb/town/city: ........................................ State/territory: ............... Postcode: .................................

Date of receipt: ................................................ Time of receipt: ...................................................

Vehicle type: ........................................................ Vehicle identification number: ....................................

Pantech/container seal number (if applicable): ...........................................................................................

Declaration by the person completing the record on receipt:

The same amount of goods were received with the phytosanitary security method in place as described in Part A of this record: 

The amount received was not the same as detailed in Part A of this record: 

Phytosanitary security was not in place for the goods at arrival (non-compliance): 

Provide further information of the goods’ phytosanitary status at arrival (only for non-compliance):

Name: ................................................................. Signature: .................................................................

Date: ................................................................. Time: .................................................................