

Customs Act 1901 Application for Section 77G Depot Licence

Please open this form using Adobe Acrobat Reader. Either type in the fields provided or print this form and complete it using a pen and BLOCK LETTERS.

ontact person's name		Designation	n		
Sittade person a fiame		Designation	""		
ostal address	Suburb		State	Postcode	
mail address	Contact number (busin	ness hours)	Mobile numb	er	
Client details					
lient name		ABN			
Establishment (Depot) name and address					
stablishment (Depot) name					
, , ,					
hysical site address	Suburb		State	Postcode	
the denot legated further than 40 kms from the pears	ant Australian Porder Force (ARE) office?	Voo C	7	·	
the depot located further than 40 kms from the neare	est Australian Border Force (ABF) office? No	Yes _			
. After hours contact					
ter hours contact person's name					
mail address		Contact number			
. After hours security					
o you contract an after hours security company?	No Yes If Yes, provide details bel	OW			
ompany name					
ompany name				Contact number	
			Contact num	nber	
			Contact num	nber	
mail address			Contact num	nber	
mail address Head office	Suburb		Contact num	nber	
mail address . Head office	Suburb				
Head office reet address	Suburb Suburb				
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ompany name mail address Head office treet address ostal address Integrated Cargo System (ICS) Client Regis ave you completed the ICS Client Registration proces	Suburb	o Yes	State State	Postcode	
mail address Head office treet address ostal address Integrated Cargo System (ICS) Client Regis	Suburb	o Yes	State State	Postcode	

9. Company membership and persons who participate in the management or control of the depot								
The applicant and all persons in positions of management or control are required to be fit and proper. The ABF considers a person to be in management or control if they: • have authority to direct operations or activities at a depot;								
 are involved in, or have an influence direct the receipt or release of goods		of the depot; or						
A person is considered to be in management irrespective of whether their role is active or passive; and whether they are physically located at the depot.								
This includes all directors, managers a the authority to direct operations and access to the ICS;		cludes (but not limited to) employee:	s with:					
 after hours access; or keys to the deadhouse.								
Full name	Position	Contact number	Email address					
If the self-transformer and the self-transformer and	-4-9-							
If insufficient space, attach additional de	etalis							
10. Prior experience Does the applicant or any of the person depot?			perience in the operation of a licensed					
No Yes If Yes, provide a	brief outline (If insufficient space, a	ttach additional details)						
11 Donot activities								
11. Depot activities Indicate the activities you propose to ur	dertake should the licence be app	roved: (Tick all that apply)						
Holding of imported goods subj	ect to customs control	Holding of goods for export	t subject to customs control					
Unpacking of imported goods s	ubject to customs control	Packing of goods for expor	t subject to customs control					
Note: Examination of goods subject to	customs control is conducted by a	uthorised officers at all depots.						
10 Days ()								
12. Depot categories Indicate the depot categories: (Tick all t	hat apply)							
Air – General	Sea	- Containerised general cargo	Postal articles					
Air – Off-Airport Cargo Termina	Operator (CTO)	- Non-containerised general cargo	(Australian Post only)					
Air – Personal effects	Sea	- Personal effects						
	Sea	- FCL Container Park						
13. Use of premises for purposes	s other than denot activities							
	t for any purposes other than outling	ned above?						
No Yes If Yes, provide a brief outline (If insufficient space, attach additional details)								
13.2 Have you applied for an Approved Arrangement (previously Quarantine Approved Premises) with the Department of Agriculture?								
No Yes Yes								

14. Third party entities						
Are you sharing the premises with any other third party er	ntities?					
No Yes If Yes, provide details (If insufficien						
15. Section 79 warehouse						
Will any part of the premises where the depot will be locat	ed be licensed as a section 79 warehouse? No	Yes				
and promises more and coper min so took						
16. Quality Management System						
Do you have a certified Quality Management System?						
No Yes If Yes, state which standard you are	e using (If insufficient space, attach additional details)					
17. Standard Operating Procedures (SOPs)						
17. Standard Operating Procedures (SOFS)						
Do you have documented SOPs in place that may be made	de available upon request by the ABF? No	Yes				
18. Attachments						
All documents are mandatory for the application. Please t		t.				
Employee staff list	Construction of premises					
Corporate membership structure	Physical security of premises					
Company extract	Examination facilities					
Financial information	Physical separation of premises					
Depot site plans	Ownership / Lease verification					
Fit and Proper (B301) forms	Depot procedures and recording systems					
Asbestos Report / Occupancy Certificate						
Assestes Report / Occupancy Certificate						
19. Declaration			`			
I declare that:						
I have supplied all information in the application form a	nd attachments as outlined above, and					
all the information provided above and relevant attach	ments in relation to this section 77G depot licence applic	ation are true	and correct.			
Signature	Name		Date			
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Prince						
Privacy	We start a second start of the desired by the Assets Fig. De		NE) in accordance			
Any personal information contained in this form will be co with the Australian Privacy Principles in Schedule 1 of the		,	,			
information can be found in the Department of Home Affa						
accountability/our-commitments/privacy or by contact	ang the Department's Envacy field Desk by enial private	cywnonieana	n ə.gov.du.			
Submitting this form						
When the application form and requested attachments ha	ave been completed, please submit your application to:					
Australian Border Force						
Customs Licensing GPO Box 9984						
SYDNEY NSW 2001						
Email: licen@abf.gov.au						
On receipt of your application you will be invoiced for the Processing of your application will only commence once						
You will be advised in writing should the Comptroller-Ger		Should no furt	her information be			
required, you will be advised within 60 days after the receipt of this application, whether this application has been approved. If you have not had a response within 60 days, after the receipt of this application, the application is deemed refused.						
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