

## AUTHORITY TO TREAT GOODS

Date \_\_\_\_\_ Agent/Importer \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

The following Goods \_\_\_\_\_

AQIS ENTRY NUMBER \_\_\_\_\_ Container \_\_\_\_\_

Required Treatment with:

Methyl Bromide  ETO  Gamma Irradiation  Heat Treatment

At a rate of \_\_\_\_\_

Steam Clean  Destruction  Debark

**To eliminate an identified quarantine risk.**

The treatment described is one of a number of treatment options and will render the goods safe for quarantine purposes only. The owner/agent should make their own enquires as to the suitability of this or other treatments for the end use of the goods.

I/We are fully aware of and understand that treatment with methyl Bromide or Phosphine may cause damage to my /our/ their goods.

I/We also understand that the above-mentioned goods may have plastic wrapping slashed or removed if the treatment so requires.

I/We authorize treatment of the above mentioned goods and will not hold ISS Fumigation or Price and Speed Containers liable for any damage caused.

I/We agree to pay for all costs incurred in this treatment or for any damage caused to goods by this treatment.

I agree that I have informed that this treatment may damage the goods and I agree to this treatment under section 44AA of the Quarantine Act 1908. This is a requirement under the Act.

Please proceed with the treatment.

Signed by \_\_\_\_\_ Printed Name \_\_\_\_\_

On behalf of \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax Back to Bernadette on 9666 1878**