



agriculture, land reform & rural development

Department:
Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA

Application for registration of manufacturers and treatment providers for solid wood packaging material intended for export.

The completed application form and supporting documents must be couriered/mailed to Department of Agriculture, Land Reform and Rural Development (DALRRD) 140 Hamilton Forums, Hamilton Street, Room 3-9, Pretoria, 0001, Tel: (012) 309 8753/ (011) 971 5100 (Email address for enquiries: PetuniaS@dalrrd.gov.za ; LepontiM@dalrrd.gov.za)

Key elements of the registration form:

1. Section A : Declaration of intent
2. Section B : Company Information
3. Section C : SOP Framework
4. Section D : Tariffs and Banking Details
5. Section E : Supporting documents



agriculture, land reform & rural development

Department:
Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR REGISTRATION OF MANUFACTURERS AND TREATMENT PROVIDERS FOR SOLID WOOD PACKAGING MATERIAL INTENDED FOR EXPORT

REGISTRATION
NUMBER:

OFFICE USE

A. DECLARATION OF INTENT:

I/We the undersigned as wood packaging manufacturer/s / wood treatment provider/s understand and undertake to comply with all the stipulations of the International Plant Protection Convention (IPPC), International Standard on Phytosanitary Measures (ISPM) - Guidelines for Regulating Wood Packaging Material in International Trade (ISPM No. 15, Adopted 2018; published 2018), with specific reference to the following:

Please sign in the appropriate places and at the bottom of each page.

1. I/We commit and declare that all wood packaging material shall be treated in accordance with the "Approved measures associated with Wood Packaging Material as included in Annex 1 of the above mentioned guidelines, copy available on request.
2. I/We commit and declare that all wood packaging material shall be certified as having been subjected to an approved phytosanitary measure indicated in Annexure 1 and by means of the approved certification mark included in Annexure 2 of the above mentioned guidelines.
3. I/We accept that if we are registered, I/We are responsible for the safeguarding of the stamp and to keep records for auditing purposes for at least three years.
4. I/We accept that if we are registered we will not transfer, franchise or authorize third party to use our registration.
5. I/We accept that if in any manner I/we do not comply with the requirements of the above mentioned international standard and Department of Agriculture, Land Reform and Rural Development, Directorate Inspection Services (DALRRD-DIS) standard working procedure it could result in the de-registration or suspension of registration for maximum period of 12 months.
6. By signing this application form I/We comply with the measures of the above mentioned international standard. I/We agree that I/We will avail myself/ourselves to be audited annually or when it is necessary and I/We will be co-operative.

7. By signing this application form I/We agree that I/We will be responsible for payment of prescribed tariff of R 520.00 for registration and inspection as stipulated in the departmental tariff book point 11.5.5 (a)
8. The DALRRD-DIS shall not be held responsible for any financial or other losses, incurred as a result of non - compliance to the measures of the above-mentioned international standard and DALRRD-DIS standard operating procedure.
9. I/We accept the opinion, protocol and requirements of the DALRRD-DIS as final and in accordance with the above-mentioned international standard.
10. Registration shall be valid for three years and DALRRD-DIS reserves the right to deregister or suspend registration should the registered service provider found to be non-compliant during audit/inspection and/or notification of interception received from importing country.
11. I/We accept the responsibility to renew registration within 60 days prior to expiry date to avoid deregistration.
12. I/We accept the responsibility to notify the DALRRD-DIS in writing in case we decide to change the following:
 - (a) Address of the business premises
 - (b) Telephone number, email or fax number
 - (c) Name of the Business
 - (d) The applicant resigning/no longer with the company.
 - (e) Treatment provider or supplier of treated wood
 - (f) Business No longer in operation

B. COMPANY INFORMATION

1. Name of Company : _____

2. Service provider category: **Manufacturer:** Heat treatment Methyl bromide Sulphuryl Fluoride Timber agents

Treatment provider: Heat treatment Methyl Bromide Sulphuryl Fluoride Timber Agent

3. Purpose of registration: **New registration** **Renewal registration**

4. Managing Director : _____

5. Province : _____

6. Postal Address : _____

7. Physical Address : _____

8. Telephone Number : _____

9. Cell Phone Number : _____

10. Email Address : _____

Signature : _____

Date: _____

Designation : _____



agriculture, land reform & rural development

Department:
Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA

C. SOP FRAMEWORK: ISPM 15 SERVICE PROVIDER

COMPANY NAME _____

Service rendered: Fumigator Heat treatment Manufacture Timber Agent

NB. Mark applicable column and explain the procedure to be followed to ensure compliance

	Compulsory Equipment	YES ✓	NO ✓
1.	Methyl bromide treatment provider (Fumigators)		
1.1	Gas cylinder		
1.2	Weigh scale		
1.3	Tarpaulin or fumigation chamber		
1.4	Fan		
1.5	Thermometer		
1.8	Gas leak detector		
1.9	Gas concentration meter		
1.10	Gas Vaporizer		
2.	Heat treatment provider		
2.1	Wood core temperature data loggers, if yes attach temperature print out		
2.2	Air temperature data loggers, if yes attach temperature print out		
3.	Sulphuryl Fluoride treatment provider (Fumigator)		
3.1	High concentration sulphuryl fluoride monitor (e.g., Fumicope, RDA Fumicsope, ProCheck, Spectors Report IR)		

NB: Companies Standard operating Procedures must be attached

6. Records keeping (such as equipment's calibration certificates, fumigation certificates, gas concentration monitoring print outs, methyl bromide /sulphuryl fluoride usage records, job cards, temperature print outs, invoices and receipts).

NB: Records to be kept for at least three years

7. Stamps control (safe keeping and security)

NB: Service providers are not allowed to, franchise or authorize third parties to use their registration and/or stamp.

8. Name/s and ID numbers of registered Pest Control Operator/s responsible for fumigation (fumigators):

NB: All fumigators employed by the company must be disclosed

9. Suppliers of heat treated wood or/and fumigators and their ISPM 15 registration numbers(applicable to manufactures)

Name of person responsible of compliance : _____

Signature : _____ Date: _____



agriculture, land reform & rural development

Department:
Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA

D. TARIFF AND BANKING DETAILS

The Department of Agriculture, Land Reform and Rural Development (DALRRD) has established tariffs for ISPM no.15 registrations and inspections/audits. The tariff is implemented from the **01 April 2023 to 31 March 2024** as follows:

1. New applications and registration renewals – R 520 non-refundable registration fee.
2. Re-inspection after suspension and/or unsuccessful inspection/audit – R 270 per every half hour inspection time including the travelling time.
3. Re-instatement of deregistered service provider – R 520 non-refundable registration fee.

REGISTRATION FEE (R 520)

Banking details

Bank : Standard bank
Account Number : 010124403
Branch code : 010045
Account Name : Daff Gauteng Inspection Services
Reference : **Applicant company name**

RE-INSPECTIONS FEE: (R270)

Payment process must be arranged with the relevant regional office responsible for inspection. Service providers may be required to open an account before such service can be rendered.

NB: Tariffs are subjected to annual review.

Section E : Supporting Documents

Attachments for Methyl Bromide Registration

Treatment Provider		Manufacturer	
Valid copy of Pest Control Operator (PCO)Certificate		Letter of undertaking from Supplier/ Treatment provider	
ID Copy of PCO		Letter of undertaking from the applicant disclosing supplier/treatment provider	
SOP Framework(pg 5-7)		SOP Framework(pg 5-7)	
Proof of payment		Proof of Payment	

Attachments for Heat Treatment Registration

Treatment Provider		Manufacturer	
Temperature print out		Letter of undertaking from Supplier/ Treatment provider	
SOP Framework(pg 5-8)		Letter of undertaking from the applicant disclosing supplier/treatment provider	
Proof of payment		Proof of payment	
		SOP Framework(pg 5-8)	

Attachments for Sulphuryl Fluoride Registration

Treatment Provider		Manufacturer	
Valid copy of Pest Control Operator (PCO)Certificate		Letter of undertaking from treatment provider	
ID Copy of PCO		Letter of undertaking from the applicant disclosing treatment provider	
SOP Framework(pg 5-7)		SOP Framework(pg 5-7)	
Proof of payment		Proof of Payment	
ProFume approval certificate			