

AQIS reserves the right to request the presentation of all original documents

# AQIS Facsimile Transmission

Insert Broker Letterhead (optional)

QUARANTINE ONLY   
  QUARANTINE & IFIS   
  IFIS Only

AQIS Import Clearance Section NSW AQIS Import Clearance Section Sth QLD AQIS Import Clearance Section FNTH QLD AQIS Import Clearance Section VIC	Fax No: 02 8334 7660 Fax No: 07 3246 8689 Fax No: 07 4030 7843 Fax No: 03 8318 6930	AQIS Import Clearance Section SA AQIS Import Clearance Section WA AQIS Import Clearance Section TAS AQIS Import Clearance Section NT	Fax No: 08 8201 6145 Fax No: 08 9334 1671 Fax No: 03 6233 8885 Fax No: 08 8920 7022
Brokerage: _____		Phone No: _____	
Contact Name: _____		Return Fax No: _____	
Importers Name: _____		Email address: _____	
Entry No: _____		Please Group (Qtine Only) <input type="checkbox"/>	
Date: _____	Vessel _____	Number of Pages: _____ (including this page)	
Broker Ref: _____			

Attached documents transmitted for Qtine (please tick appropriate boxes).

<input type="checkbox"/> Packers Declaration	<input type="checkbox"/> Manufacturer's Declaration	<input type="checkbox"/> Import Permit _____	<input type="checkbox"/> Treatment Certificate
<input type="checkbox"/> Cleanliness Declaration	<input type="checkbox"/> Bill of Lading	<input type="checkbox"/> Invoices/ Packing List	<input type="checkbox"/> Phytosanitary Certificate
<input type="checkbox"/> Airfreight	<input type="checkbox"/> Other Documentation _____		

Attached documents transmitted for IFIS (please tick appropriate boxes).

<input type="checkbox"/> AQIS Entry Advice (With Importers details)	<input type="checkbox"/> Manufacture's Dec (When Required)	<input type="checkbox"/> Foreign Certificates (When Required)	<input type="checkbox"/> BSE Certificate (When Required)	<input type="checkbox"/> Packing List/Invoice
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For each referred product that contains beef or beef product the following information is required for IFIS.

<input type="checkbox"/> Product name/description	<input type="checkbox"/> Brand Name	<input type="checkbox"/> Can Codes (amounts)	<input type="checkbox"/> Lot Code (amounts)	<input type="checkbox"/> Quantity.
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\*AN INSPECTION ADDRESS IS REQUIRED FOR ALL ENTRIES\*

Predictable Action (please tick appropriate boxes):

<input type="checkbox"/> Release on Documents	<input type="checkbox"/> Inspection at _____
<input type="checkbox"/> Random	<input type="checkbox"/> Tailgate _____
<input type="checkbox"/> Amendment _____	<input type="checkbox"/> Country Destination Unpack / Unpack Postcode: _____

Predictable Treatment

<input type="checkbox"/> CH <sub>3</sub> BR Fumigation	<input type="checkbox"/> ETO Fumigation	<input type="checkbox"/> Gamma Irradiation	<input type="checkbox"/> Heat Treatment
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Brokers Comments: \_\_\_\_\_

Have you made the appropriate EFT payment for your expected quarantine action? YES NO

Note: Faxed documents should have a quarantine entry number endorsed on them to enable matching if they become separated.

Please complete the following details if you are paying by credit card

Amount paid: <input type="text"/>	Card No: <input type="text"/>
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Expiry date: <input type="text"/> / <input type="text"/>	Name (as it appears on the card) <input type="text"/>
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Bankcard	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/>
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Signature: <input type="text"/>	Date: <input type="text"/>
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An electronic copy of this coversheet may be obtained by contacting any of the AQIS contacts in the [Cargo Containers: Quarantine aspects and procedures](#) document.