



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



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

**REGISTRATION
NUMBER:**

OFFICE USE

SECTION 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 550.00 for registration and inspection as stipulated in the



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departmental tariff book point 11.5.5 (a)

8. The DALRRD-DIS shall not be held responsible for any financial or other losses, incurred because 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



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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 Agents ☐

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 : _____

Designation : _____



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SECTION 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)		



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3.2	Self-contained breathing apparatus (SCBA)		
3.3	Gas cylinder		
3.4	Weigh scale		
3.5	Tarpaulin or fumigation chamber		
3.6	Fan		
3.7	Thermometer		
4.	Other relevant equipment's Clearance Device (e.g. CLIRcheck, ExplorIR, Interscan)		
	NB: Failure to present the compulsory equipment will lead to disapproval of the registration.		
5. Procedure/Methodology (All service providers)			
NB: Companies Standard operating Procedures must be attached.			



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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: Records to be kept for at least three years
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



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

Name of the person responsible for compliance : _____

Signature : _____ **Date :** _____



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SECTION 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 2024 to 31 March 2025 as follows:

1. New applications and registration renewals – R 550 non-refundable registration fee.
2. Re-inspection after suspension and/or unsuccessful inspection/audit – R 290 per every half hour inspection time including the travelling time.
3. Re-instatement of deregistered service provider – R 550 non-refundable registration fee.

REGISTRATION FEE (R 550)

Banking details

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

RE-INSPECTIONS FEE: (R290)

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.



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SECTION E : CHECK LIST FOR SUPPORTING DOCUMENTS

Attachments for Methyl Bromide Registration

Treatment Provider		Manufacture	
Valid copy Pest Control Operator (PCO) certificate		Letter of undertaking from treatment provider	
ID Copy PCO		Letter of undertaking from applicant declaring treatment provider	
Proof of payment		Proof of payment	

Attachments for Heat Treatment Registration

Treatment Provider		Manufacture	
Temperature readings/Print Out		Letter of undertaking from treatment provider/supplier	
Calibration Certificate		Letter of undertaking from applicant declaring treatment provider/supplier	
Proof of payment		Proof of payment	

Attachments for Sulphuryl Fluoride Registration

Treatment Provider		Manufacture	
Valid copy Pest Control Operator (PCO) certificate and ID Copy		Letter of undertaking from treatment provider	
Profume approval certificate		Letter of undertaking from applicant declaring treatment provider	
Proof of payment		Proof of payment	

