# Consignor application for Inspector’s Direction Certificate

**Consignor**

|  |  |
| --- | --- |
| Business name |  |
| Contact name |  |
| Address of consignor |  |
| Address where grown |  |
| Phone number |  |
| Email address |  |

**Destination Processor 1**

|  |  |
| --- | --- |
| Processor name |  |
| Processor address |  |
| Number of consignments |  |
| Estimated tonnage |  |
| Proposed date/s of delivery |  |

**Destination Processor 2 (if applicable)**

|  |  |
| --- | --- |
| Processor name |  |
| Processor address |  |
| Number of consignments |  |
| Estimated tonnage |  |
| Proposed date/s of delivery |  |

**Destination Processor 3 (if applicable)**

|  |  |
| --- | --- |
| Processor name |  |
| Processor address |  |
| Number of consignments |  |
| Estimated tonnage |  |
| Proposed date/s of delivery |  |

Send completed form to OperationsMarketAccess.AASLocal@sa.gov.au