

## Request for Inspection Form (RFI)\*

Please complete this column where applicable

Consignment details	
<b>Note</b> : Email lodgements are only to be submitted if not supported via the Biosecurity Portal	
(see page 2)	
Quarantine entry number:	
Airway bill (if nil quarantine entry	
number):	
Booking agent	
Contact name:	
Phone number:	
Email:	
Location	
Change of location:	☐ Change*charges may apply
Approved Arrangement:	
(Business name & AA number)	
Address of premise:	
Opening hours:	
Contact name:	
Phone number:	
Is the address a Private Residence or	☐ Yes ☐ No
unmanned storage facility	
Additional information	
Consignment Type (if applicable):	☐ Flat Rack ☐ Open top container ☐ Isotank
	That rack Depent top container Disotalik
Hazardous goods?	□ Yes □ No
Inspection type	
Inspection direction (eg, inspection/s	
requiredfor biosecurity clearance)	
For a CCV inspection - Time required	
for full unpack of container:	
Number of officers:	
Is this request for a Multi Day Bookings	☐ Yes ☐ No
Do you require an overtime booking	☐ Yes ☐ No
(weekdays before 0630& after 1830 and	
weekends/public holidays)	Note: overtime charges will apply.
Date goods are available from:	Click here to enter a date.
Requested date for inspection:	Click here to enter a date.
Requested time for inspection:	□Anytime□AM□PM
	We will endeavour to allocate inspections as requested, however where this
	is not possible, you will be allocated the next available appointment.
Comments	
	rting information for inspection requirements etc
Eg. 10 MEET, qualitity of goods, suppor	ting information for inspection requirements etc

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