



Certification by a Qualified Person (QP)

Privacy Notice

The personal information collected on this form is collected for the purposes of the Plant Breeder's Rights Act 1994 and the Plant Breeder's Rights Regulations 1994 (www.ipaustralia.gov.au/about-us/publications/ip-legislation/) and is protected by the Privacy Act 1988 (www.comlaw.gov.au/series/c2004a03712).

All personal information you provide on this form will be handled in accordance with IP Australia's Privacy Policy (www.ipaustralia.gov.au/about-us/corporate/privacy-policy/).

The Privacy Policy contains relevant information, including:

- how you may seek access to and correction of the personal information we hold;
- how you may make a complaint about a breach of the Privacy Act and how we will deal with your complaint; and
- IP Australia's Privacy Contact Officer details.

Any personal information you provide will be used for the purposes of processing this form. IP Australia may also contact you, using the contact details you have provided, to request your feedback on our products and services.

In accordance with the PBR Act, IP Australia may make this completed form available to any person, upon request and payment of a fee.

IP Australia will publish the:

- Applicant name;
- Agent name;
- Qualified Person name and contact details; and
- Town, State and Country of the applicant's address

in the Register of Plant Varieties, the Plant Varieties Journal, the Plant Breeder's Rights Database and/or on our website. Once information is available on the internet, IP Australia has no control over its subsequent use and disclosure. You should be aware that the information (including personal information) held in IP Australia's online IP Rights databases is also available on request, subject to our terms and conditions.

If you do not provide the personal information required on the form, IP Australia may not be able to process this form.

IP Australia will not otherwise use or disclose your personal information without your consent, unless authorised or required by or under law.

Consent

By completing this form, in addition you provide your consent to your personal information being handled in accordance with this privacy notice, including being disclosed as provided above.

When you provide your consent to your personal information being disclosed to overseas recipients, including publication online, you understand that IP Australia will not be accountable for any subsequent use under the Privacy Act, nor are you able to seek redress under that Act, for the actions of any overseas recipient.



Certification by a Qualified Person (QP)

- To be completed by the applicant or the applicant's agent and the Qualified Person.
- The Qualified Person must be officially accredited for the species, in writing, by the PBR Office (PBRO).
- This completed form should be attached to, and submitted with, Part 2 of the application form PBR/00/002.

Name of variety:

Application number:

Applicant's or Agent's name:

Qualified Person's name:

Answer all questions by ticking the appropriate box

I am accredited with the Plant Breeders Rights Office for this taxon as a:

- consultant Qualified Person
- non-consultant Qualified Person

As the Qualified Person I have:

reviewed the application documents related to the above variety first filed in another UPOV member country and recommend to the PBRO that they are suitable for examination without a comparative test growing in Australia, and/or

Yes No

performed those functions ticked in the box below as part of the application process, the results of which are reported in Part 2 of the application form

Yes No

Tick only those functions that the QP performed in relation to this application

Completion of Part 1 of the application form.	<input type="checkbox"/>	Certification of the Part 2 application form.	<input checked="" type="checkbox"/>
Determine the most similar varieties of common knowledge and the need to include source or parental material in trial.	<input checked="" type="checkbox"/>	Provide observations, data and statistical analysis of the DUS trial for the applicant to complete Part 2 of the application form.	<input type="checkbox"/>
Planning the test growing trial.....	<input type="checkbox"/>	Completion of Part 2 of the PBR application.	<input checked="" type="checkbox"/>
Recommending the most appropriate trial site for the varieties in trial.	<input type="checkbox"/>	Verification of the field trial, observations, data and statistical analysis.	<input type="checkbox"/>
Choice of trial site.....	<input type="checkbox"/>	Perform the necessary statistical analysis of the measurements to determine DUS.	<input type="checkbox"/>
Supervision of the layout and planting of the trial	<input type="checkbox"/>	Provide a detailed description of variety in the PBR approved format.	<input checked="" type="checkbox"/>
Care and maintenance of the trial.....	<input type="checkbox"/>	Provide a comparative slide or a colour print of the variety showing distinctness characters.	<input type="checkbox"/>
Instruction to applicant on the timing and nature of observations/measurements needed.	<input type="checkbox"/>	Make observations/take measurements to comply with approved DUS test guidelines.	<input type="checkbox"/>

Declaration by Qualified Person

By ticking this box I declare myself to be the Qualified Person identified in this form and the information supplied to be true and correct.*

Name (please print):

Date:

(DD/MM/YYYY)

The applicant or agent for the applicant should complete the section below to confirm that there is an agreed understanding on the respective roles of the applicant/agent and QP in this application.

Applicant/Agent

By ticking this box I declare myself to be an authorised signatory for the Applicant/Agent identified in this form and the information supplied to be true and correct.*

Name (please print):

Date:

(DD/MM/YYYY)

Name of Company
or Department
(if applicable)

For joint applicants where an agent has not been authorised, the name of each of the joint applicants is required.

By ticking this box I declare myself to be the person identified below and am authorised to sign. The information is true and correct.*

Name (please print):

Date:

(DD/MM/YYYY)

Name of Company or
Department
(if applicable)

***THE PENALTY UNDER SECTION 75(1) FOR MAKING A FALSE STATEMENT IN SUPPORT OF AN APPLICATION IS SIX MONTHS IMPRISONMENT.**

If you are submitting this form to IP Australia via email, please print to PDF prior to attaching to your email. If not printed to PDF prior to attachment, your email may be blocked by ICT security policy.