Native Vegetation





Updated February 2025

About this form

Use this form to apply to the Native Vegetation Council (NVC) for accreditation as a Third Party Provider under the *Native Vegetation Act 1991* and the *Native Vegetation (Credit for Environmental Benefits) Regulations 2015.*

Indicate on the form whether you are also (or only) applying for the role of 'Broker'. Brokers can assist landholders by organising Significant Environmental Benefit (SEB) areas for offsetting clearance or SEB credit. Brokers are not responsible for any onground management.

Before you complete this application form, please familiarize yourself with the long-term responsibilities of Third Party Providers. Refer to the <u>Accredited Third Party Provider and SEB Credit Guide</u> and the NVC <u>Policy for Significant Environmental Benefit under the Native Vegetation Act 1991 and Native Vegetation Regulations 2017</u> for more information. All information can be found at <u>Department for Environment and Water | Offsetting</u> or by contacting the Native Vegetation Branch.

Certificate of Accreditation

The NVC will issue a Certificate of Accreditation after assessing your skills, experience and capabilities. Your contact details and regions of operation (as

entered on this form) will also be added to the <u>Accredited Third Party</u> Providers List on the DEW website.

Accreditation will be reviewed every 2 years. Note that the NVC can, at any time, deregister an Accredited Third Party Provider if it deems that obligations are not being met.

For more information

Native Vegetation Branch

Department for Environment and Water **T** (08) 8303 9777

E nvc@sa.gov.au

Preparation of application

Please attach copies of the following documents:

- Public Liability Insurance and Professional Indemnity Insurance Certificate/s
- For sole traders only: Current National Police Certificate

Compar	t) will appear on	the Accredited Third Party t of contact for enquiries about
Applicant name:	Company name:	
Applicant phone number(s):	Company contact name and phone number (s):	
Public liability insurance ref:	Office street address:	
Professional indemnity insurance ref:	Company postal address:	
Company ABN:		
Applicant email:		
Company contact email:		
Company website address:		

2. Indicate the role(s) you are applying for Mark 'X' in the appropriate box.	
Third Party Provider including Broker	
Third Party Provider excluding Broker	
Broker only	

3. Region/s of intended operation

Mark 'X' in the appropriate box/es for regions you wish to work in. You should have prior experience of operation in each Landscape SA region nominated.

Alinytjara Wilurara	Limestone Coast
Eyre Peninsula	Murraylands and Riverland
Hills and Fleurieu	Northern and Yorke
Kangaroo Island	SA Arid Lands
Green Adelaide	

4. Qualifications

List the names and key **qualifications** of those who will undertaking the work you have nominated for. The following are desired:

- at least one person on the team should have a relevant degree in conservation / science or natural resources management OR
- at least one person should be an NVC Accredited Consultant OR
- there is demonstrated excellence in the operators' knowledge and experience in related fields (Question 5), which can be confirmed by two credible referees;
- at least one person has qualifications in Project Management or at least 5 years' experience in administration of projects/contracts (Question 5).

Years of related experience	Qualifications/Accreditations
	related

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5. Experience

Clearly demonstrate key **experience** in the delivery of native vegetation management and/or revegetation projects, including the management of SEB areas.

For applicants applying as Third Party Providers to deliver on-ground outcomes, it is desirable that, within the last 5 years, either individually or collectively, the team members can demonstrate one or more project(s) in each nominated region of intended operation.

For applicants applying as Brokers, outline your experience relevant to working with landholders, developing plans, and facilitating agreements between parties.

Project name/reference:	
Client:	Timeframe:
Size (ha):	Region:
Activities undertaken and role of team	members:
Project outcomes:	
r roject outcomes.	

Copy and paste in additional tables or attach additional information to show more than one example

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	ails of two referees that are familiar wit ve Vegetation Branch to verify your ski		
Referee 1 Name:			
Current position:			
Organisation:			
Relationship to applicant:			
Email:			
Office phone:		Office location:	
Mobile:			
Referee 2 Name:			
Current position:			
Organisation:			
Relationship to applicant:			
Email:			
Office phone:		Office location:	
Mobile:			

7. Bona fides	
Has the applicant (or, in the case of a body corporate, a director) breached environmental legislation in the past?	
If yes, provide details.	
Legislation includes but is not confined to:	
 Native Vegetation Act 1991 (SA) Natural Resources Management Act 2004 (SA) Landscape South Australia Act 2019 Environment Protection Act 1993 (SA) Environment Protection and Biodiversity Conservation Act 1999 (Cth). 	
Has the applicant (or, in the case of a body corporate, a director) been declared bankrupt or insolvent or is subject to a personal debt arrangement? If yes, provide details.	
Has the applicant been disqualified from managing corporations under Chapter 2D Part 2D.6 of the Corporations Act 2001 of the	

Application fee

Commonwealth?

If yes, provide details.

All applications must be accompanied by a prescribed fee of **\$560** that is exempt from GST. It is payable by cheque, money order or EFT bank transfer (use the bank details below). Please advise the Native Vegetation Branch via email at mvc@sa.qov.au when you have completed an electronic funds transfer.

Bank: ANZ

Account Name: DEW Debtors Account

BSB: 015 101

Account number: 838576855

Processing of application

Your application will be assessed by the NVC's Native Vegetation Assessment Panel. Approval may take up to two months depending on the Panel's meeting schedule. You will receive a Decision Notification as soon as possible after the relevant Assessment Panel meeting.

ALL APPLICANTS

By signing below, you certify your agreement to the following:

I certify that - to the best of my knowledge, the information provided in this application is complete and correct and no information is false or misleading.

- I have the agreement of all parties identified in this application to include their details in this application.
- I/the organisation I represent supports this application.
- I consent, on behalf of all parties, to this application being referred to third parties for assessment purposes.
- I understand that any changes associated with the information contained in this application relating to the eligibility for accreditation as a Third Party Provider must be disclosed to the Native Vegetation Council.
- I understand that the information provided in this application may be disclosed to various parties as deemed necessary by the Native Vegetation Council.
- I understand it is an offence under the *Criminal Code Act 1995* to provide false or misleading information.

DECLARATION

knowledge and confirm the required items are attached.	
Signed (Applicant):	•••••
Name (please print):	•••••
Date: / /	

I hereby certify that the above information is accurate to the best of my

Forward your application to:

Native Vegetation Council C/- Native Vegetation Branch Department for Environment and Water GPO Box 1047 ADELAIDE SA 5001

Email: nvc@sa.gov.au Fax: (08) 8303 9780

OFFICE USE ONLY

Date received:

Assessor: