

Appendix 7: Application for authorization under the Vitis Hot Water Treatment Program (VHWTP) for *Vitis* spp., propagative material

Name of facility: _____

Name of facility representative: _____

Address: _____

Telephone number: _____ **Fax number:** _____

Email address: _____

Conditions for approval under the Vitis Hot Water Treatment Program (VHWTP):

- The facility must develop, implement, document and maintain a preventive control plan (PCP) that complies with the VHWTP directive D-22-03: Phytosanitary requirements for the importation and domestic movement of grapevine material for propagation or decorative use from all origins and describes the systems-based approach in place at the facility, that is accepted by the CFIA
- The facility must carry out hot water treatments during regular business hours upon request by CFIA (typically for the purposes of inspection)
- The facility must ensure that all hot water treated plant material meets the requirements of the VHWTP and must notify the CFIA if any non-conformances are detected or suspected
- The facility must immediately stop distributing grapevine material under the VHWTP if the facility suspects the grapevine material has not been properly hot water treated, or if the facility is suspended by the CFIA
- The facility must notify the CFIA immediately of any change in ownership of the facility, or in the identity of the official contact person
- The name and address of all approved facilities will be listed on the CFIA website. Should a facility be suspended from the VHWTP, the information related to that facility will be removed from the list

I, _____ the owner/operator in possession, care or control of the above named facility have read, understood and agree to comply with all terms, conditions, obligations, and requirements stated in [Appendix 5](#) of D-22-03: Phytosanitary requirements for the

importation and domestic movement of grapevine material for propagation or decorative use for fresh cut vines.

I agree to immediately suspend shipment and treatment of regulated commodities if notified by the CFIA that the designated facility is in non-compliance with the VHWTP. I will immediately notify the CFIA if viruses or any other regulated pests are found in the facility. I will allow the name and location of my facility to be included on a publicly accessible website list of facilities approved under the VHWTP.

Dated _____, 20____, at _____, Province of _____.

Applicant signature

Preventive control plan approved:

CFIA inspector name

CFIA inspector signature

Date

Authorization inspection completed and facility recommended for participation:

CFIA inspector name

CFIA inspector signature

Date

Approved for participation in the VHWTP for *Vitis* spp.:

Facility registration number

Authorized facility name	City	Individual registration number
		VHWTP -