

APPLICATION FOR APPROVAL OF A MAF TRANSITIONAL FACILITY & FACILITY OPERATOR

(Pursuant to sections 39 & 40 of the Biosecurity Act, 1993)

Facility details:

Is the facility already registered with MAF under another import Standard? Yes/No _____

If "Yes" what is your existing MAF registration number? _____

Name of the Facility:

Physical Address of Facility:

Organisation Name (if different to facility):

Postal Address:

Telephone Number:

Fax Number:

E-mail address:

Nature of goods to be processed at the Facility: _____

Risk Goods: Specify type of risk goods: _____

Sea Containers: Estimate number of containers per year: _____

Origin of containers: (Top 3 Countries) _____

Purpose of the facility:

Checking sea containers (by an Accredited Person)

Inspection of biosecurity risk goods (by MAF Inspector)

Treatment of biosecurity risk goods

Holding of biosecurity risk goods

Destruction of biosecurity risk goods

MAF Standard(s) the facility is to be approved under:

Risk Goods Standard (152.04.03 F)

Sea Container Standard (BMG-STD-TFSCO)

Other Standard (Specify) _____

Note: If receiving risk goods and sea containers the applicant should tick both standards above.

Personnel details:

Name of contact person that MAF can liaise with: _____

E-Mail address _____

Name of nominated Facility Operator (May be the same person as the contact and may also be nominated as an accredited person, has overall responsibility for the way the facility is operated):

Position in the business (They need to be in a position where they can influence the operation of the facility if required.):

If you are receiving sea containers list the nominated Accredited Person(s) who will be responsible for receiving and unpacking the containers at your facility:

Name	MAF AP Number (if already registered)	Trained YES/NO

Final Checklist:

All relevant MAF Standards have been read and understood

The facility meets the physical requirements noted in the relevant MAF Standard

The written procedure describing the operation of this facility (including the arrival and unpacking of sea containers) is attached to the application

I understand that MAF will be charging for facility approvals and audits.

Declaration:

I the applicant confirm that I have read and understood the required MAF Standards and the facility will meet the requirements contained within these Standards. The person(s) nominated as approved operator and accredited person(s) have the delegated authority of the company to comply with these requirements. I understand that the facility, the operator and the accredited person(s) are subject to audit and that non-compliance with the Standards may lead to suspension or withdrawal of MAF approval or prosecution under the Biosecurity Act 1993.

I confirm that the information that I have given is true and accurate.

Name of Applicant:

Signature of Applicant:

Date:

Fax this application to: North Island 09 256 6569

South Island 03 358 1863