

**APPLICATION COVERSHEET -  
for a Biosecurity Authority/Clearance Certificate (BACC)**



Ministry of Agriculture and Forestry  
Te Manatu Ahuwhenua, Ngāherehere

To: **MAFBNZ** (select from drop-down list): \_\_\_\_\_ (for locations see p3)

NO. OF PAGES: \_\_\_\_\_

AGENTS DETAILS:

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

CONSIGNMENT  
DETAILS:

**I.E./E.C.I**

No. \_\_\_\_\_

**Client Ref/Job #:**  
(To appear on invoice)

NAME OF IMPORTER: \_\_\_\_\_

NAME OF EXPORTER: \_\_\_\_\_

VESSEL: \_\_\_\_\_

VOY/FLIGHT: \_\_\_\_\_

SHIPPING CO/AIRLINE: \_\_\_\_\_

COUNTRY OF ORIGIN: \_\_\_\_\_

DATE OF ARRIVAL: \_\_\_\_\_

BL / AWB: \_\_\_\_\_

HAWB: \_\_\_\_\_

PORT OF DISCHARGE: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

#	Commodity/Species	Quantity/Units	Measure (Kg / M <sup>3</sup> )
1			
2			
3			
4			
5			

#	Container #s: (use continuation sheet if req.- pg 2)	FCL	LCL
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>

EDI TARIFF CODE(s) – if applicable: \_\_\_\_\_

DOCUMENTATION SUPPLIED:

Bill of lading/AWB

Relevant invoices

Compliance Agreement

Import Permit

IHS

Compliance Check Completed

Certificates

Quarantine Declaration

Other (Please state): \_\_\_\_\_

TRANSITIONAL FACILITY- FOR DEVANNING/INSPECTIONS:

TREATMENT SUPPLIER (if req.): \_\_\_\_\_

**CHARGE DETAILS.** Payment will be made by: Account  Cash  Cheque

**Account Holder:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Importer/Agent Co Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

I confirm that the information given is correct and MAFBNZ has the authority to charge the above account holder, who accepts all MAFBNZ charges associated with this consignment. Should I/my company request a duplicate BACC for this consignment, then I/my company will be charged for that. I/my company understand that this Application Coversheet will be returned by MAFBNZ if insufficient information has been supplied.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**BACC Applications can be made at the following MAFBNZ Worksites:**

<p><b>Whangarei</b> 35 Norfolk Street</p> <p>PO Box 503 Kensington Whangarei Ph (09) 430 7848 Fax (09) 430 7849</p>	<p><b>Auckland</b> Auckland Biosecurity Centre</p> <p>P O Box 53066 Auckland Airport Ph (09) 909 8582 Fax (09) 909 8584</p>	<p><b>Hamilton</b> Campbell Block</p> <p>Ruakura Research Centre East Street PO Box 966 Ph (07) 957 8328 Fax (07) 957 8317</p>	<p><b>Tauranga</b></p> <p>124 Hull Rd P O Box 5152 Mt Maunganui Ph (07) 927 5700 Fax (07) 927 5701</p>
<p><b>Gisborne</b> 1105D Back Ormond Road</p> <p>PO Box 646 Gisborne</p> <p>Ph (06) 867 6888 Fax (06) 867 9325</p>	<p><b>New Plymouth</b> 330-332 Devon St East</p> <p>PO Box 794 New Plymouth</p> <p>Ph (06) 759 1670 Fax (06) 759 1671</p>	<p><b>Napier</b> Level 1</p> <p>Dunvegan House 215 Hastings Street</p> <p>Napier Ph (06) 835 4229 Fax (06) 835 9125</p>	<p><b>Palmerston North</b> Palmerston North International Airport Mezzanine Floor PO Box 5256, Terrace End Palmerston North Ph (06) 351 7951 Fax (06) 351 7952</p>
<p><b>Wellington</b> Saturn House Centreport Waterloo Quay P O Box 3042 Wellington</p> <p>Ph (04) 894 4213 Fax (04) 894 4201</p>	<p><b>Nelson</b> Port Nelson Building 10 Low St Port Nelson P O Box 7041 Nelson</p> <p>Ph (03) 545 7774 Fax (03) 545 7775</p>	<p><b>Christchurch</b> 14 Sir William Pickering Dr Private Bag 4765</p> <p>Christchurch Ph (03) 943 1753 Fax (03) 9431 745</p>	<p><b>Timaru</b> Maritime House Marine Parade Port Of Timaru P O Box 516 Timaru</p> <p>Ph (03) 684 2615 Fax (03) 684 7196</p>
<p><b>Dunedin</b> Cnr Portsmouth Dr &amp; Strathallen Street P O Box 5648 Dunedin</p> <p>Ph (03) 951 4707 Fax (03) 951 4711</p>	<p><b>Invercargill</b> 137 Spey Street Private Bag 90101 Invercargill</p> <p>Ph (03) 948 2105 Fax (03) 948 2109</p>		