

List the nominated MAF Accredited Persons contracted to unload containers		
Name	MAF AP Number (if registered)	Trained
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

List the reasons for approval as a temporary transitional facility (e.g. why the items require special handling or cannot go to a regular TF)

Final checklist
<input type="checkbox"/> I have read and understand the document "Temporary Transitional Facilities for Sea Containers Procedure for Application and Approval"
<input type="checkbox"/> I have attached a draft operating manual
<input type="checkbox"/> I agree to pay for all costs associated with this application and any ongoing monitoring of the approval

Declaration
<i>I, _____, being the applicant for approval of a temporary Transitional Facility for sea containers in accordance with Section 39 of the Biosecurity Act 1993, declare that to the best of my knowledge the above information is true and correct. I understand that failure to complete any of the above information may result in rejection of my application by MAF Biosecurity New Zealand. I accept to pay all costs associated with this application and any ongoing approval.</i>
Signature: _____ Date: _____

MAF USE ONLY	
<u>Risk Screening</u> <input type="checkbox"/> Meets criteria <input type="checkbox"/> Does not meet criteria Name: _____	<u>OFG Manager</u> <input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED Name: _____
Temporary Approval Code: _____	Signed: _____
Conditions of Approval:	

