



Send completed form to a MAF Biosecurity New Zealand application centre nearest you

MAFBNZ Facility Approvals
PO Box 53066
Auckland Airport, Auckland 2150
Elen.rogers@maf.govt.nz
Fax: 09 909 8558

MAFBNZ Facility Approvals
PO Box 2526
Wellington 6140
Linda.luong@maf.govt.nz
Fax: 04 894 0228

Consent to Disclosure of Information

Personal Information		
Name:	_____	_____
	(First Names)	(Surname)
Maiden Name or Other Names Used:	_____	
Address:	_____	
Suburb:	_____	City: _____ Post Code: _____
Date of Birth:	_____	Sex: _____ Nationality: _____
	(DD / MM / YYYY)	(M / F)
Place of Birth:	_____	
NZ Drivers Licence Number:	_____	

Declaration
<i>I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application to MAF Biosecurity New Zealand. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.</i>
Signature: _____ Date: _____

Comments of the New Zealand Police	
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MAFBNZ to forward this form with a self-addressed, stamped envelope to:
Licensing & Vetting Service Centre, Office of the Commissioner, PO Box 3017, Wellington 6140

