



Complete this form and send to a Biosecurity Inspector at an address below

Auckland Biosecurity Centre PO Box 53066 Auckland Airport, Auckland	Saturn House PO Box 3042 Wellington	Private Bag 4765 Christchurch	PO Box 5152 Mount Maunganui	PO Box 5256 Palmerston North	PO Box 966 Waikato Mail Centre Hamilton 3240
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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: M / F Nationality: _____
(DD / MM / YYYY) (Circle one)

Place of Birth: _____

NZ Drivers Licence Number: _____

Declaration

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.

Signature: _____ Date: _____

Comments of the
New Zealand Police

MAF to forward this form with a self-addressed, stamped envelope to:
Licensing & Vetting Service Centre, Office of the Commissioner, PO Box 3017, Wellington

