



Application for Approval as an OPERATOR OF A FACILITY

This is a (tick one)

- New Approval
- Change of Operator at a current Facility. Current MAF Facility registration code: _____

MAF Biosecurity New Zealand Standard(s) being applied for

1. Standard for General Transitional Facilities for Uncleared Goods (BNZ-STD-TFGEN)
Annex(es): _____
2. Other Standard(s) (Specify): _____

Operator details

Name of Operator: Mr/ Mrs/ Miss/ Ms/ Dr _____ (First Name) _____ (Surname)

MAFBNZ Operator Training Number & Training Expiration Date
(applicable only for BNZ-STD-TFGEN): _____

Position: _____

Name of Facility: _____

Physical Address: _____

Suburb: _____ City: _____ Post Code: _____

Postal Address (if different from above): _____ Post Code: _____

Phone Number: () _____ Mobile: _____ Fax: () _____

Email Address for MAFBNZ communications: _____

Declaration

I, _____, being the applicant for approval as an Operator of a Transitional Facility / Containment Facility under the above MAFBNZ Standard(s) in accordance with Section 40 of the Biosecurity Act 1993, declare that:

- I have read and understand the MAF Biosecurity New Zealand Standard(s) that I am applying under;
- I will ensure that the operation of the facility is in accordance with the Standard(s);
- I have the technical and financial resources in place to operate and maintain this facility; and
- the above information is true and correct to the best of my knowledge.

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 the approval of this application.

Signature: _____

Date: _____

Send this **signed** form to a MAF Biosecurity New Zealand application centre nearest you. General Inquiries Ph: 09 909 3030

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