



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

No. of pages:

AGENT DETAILS:		CONTACT PHONE:			
CONTACT NAME:		RETURN EMAIL / FAX:			
CONSIGNMENT DETAILS:I.E/E.C.I No.		EDI TARIFF CODE(s) – if applicable:			
NAME OF IMPORTER:		NAME OF EXPORTER:			
VESSEL		#	Commodity/Species	Quantity/ Units	Measure (Kg / M³)
VOY/FLIGHT:		1			
SHIPPING CO / AIRLINE:		2			
COUNTRY OF ORIGIN:		3			
DATE OF ARRIVAL:		4			
BL / AWB:		#	Container #s: (use continuation sheet if req.- pg 2)	FCL	LCL
HAWB:		1		<input type="checkbox"/>	<input type="checkbox"/>
DISCHARGE PORT:		2		<input type="checkbox"/>	<input type="checkbox"/>
Provide documentation as applicable including: <input type="checkbox"/> Bill of lading / AWB <input type="checkbox"/> Relevant invoices <input type="checkbox"/> Certificates <input type="checkbox"/> Quarantine Declaration <input type="checkbox"/> Permit to Import & Permit No. _____ <input type="checkbox"/> IHS Name: _____		3		<input type="checkbox"/>	<input type="checkbox"/>
		4		<input type="checkbox"/>	<input type="checkbox"/>
		5		<input type="checkbox"/>	<input type="checkbox"/>
Transitional Facility- For Devanning/Inspections:					
Treatment Supplier (If Req.):					
CHARGE DETAILS. Payment will be made by:		Account <input type="checkbox"/> Cash / cheque <input type="checkbox"/> (EFTPOS is available at MPI office)			
Account Holder:			Account #:		
Importer/Agent Co Name:			Client Ref / Job #: (To appear on invoice)		
I confirm that the information given is correct and MPI has the authority to charge the above account holder, who accepts all MPI 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 MPI if insufficient information has been supplied.					
Full Name:		Signature:		Date:	
<p>This form should be used if you have a technical error submitting via eBACCa. It can be faxed to tecargo@mpi.govt.nz with information about the error.</p>					

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- Continuation Sheet (from Pg 1)

Please use this sheet if you wish to supply further commodity/container information with your application.

NAME OF IMPORTER:

I.E./E.C.I No.

BL / AWB:

HAWB:

Container Reference(s) <i>- pick up from below</i>	Commodity/species	Quantity / Units	Measure (Kg / M ³)

#	Container number	FCL	LCL	#	Container number	FCL	LCL
6		<input type="checkbox"/>	<input type="checkbox"/>	18		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	19		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	20		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	21		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	22		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	23		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	24		<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>	25		<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>	26		<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>	27		<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>	28		<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>	29		<input type="checkbox"/>	<input type="checkbox"/>