

APPLICATION FOR APPROVAL OF A TRANSITIONAL OR CONTAINMENT FACILITY &/OR OPERATOR

GUIDANCE NOTES

Read these Guidance Notes before completing your Application

Please keep these notes. Detach prior to sending the rest of the application to MAF.

This application form is to be used for the purposes of applying for approval, **(a)** for a transitional facility and/or containment facility, and/or **(b)** as an Operator, under the Biosecurity Act 1993.

Transitional facilities are places approved for inspection, storage, treatment, quarantine, holding, or destruction of uncleared goods or parts of a port declared as such (under the Biosecurity Act 1993). Such uncleared goods include imported goods such as food products, items made from wood or plant material, sea containers, used machinery or vehicles, and other goods defined as risk goods under the Biosecurity Act 1993.

Containment facilities are places approved for holding organisms (plants and animals) that should not, whether for the time being or ever, become established in New Zealand. This includes all organisms defined as “new organisms” under the Hazardous Substances and New Organisms Act 1996.

Transitional and Containment facilities are approved as such to one or more operational (facility) standards which specify the operational and structural requirements to be met for the holding and management of organisms and uncleared goods.

IMPORTANT: Please ensure you have read and understood the relevant facility standard(s) prior to applying for approval.

Facility standards can be found online at: <http://www.biosecurity.govt.nz/regs/trans/stds>

Who can apply for a Transitional/Containment Facility approval?	Any person ^[1] may apply for approval of a transitional or containment facility, or to become the Operator of a transitional or containment facility. In most cases this will be an importer or an agent.
Who needs to fill out this application?	Any individual may fill out this application as long as they are able to provide the relevant information required and can declare that, to the best of their knowledge, that information is true and correct. NB: Since the individual who signs the application is also agreeing to be liable for costs associated with application processing, this individual should be the business manager or someone with the delegated financial authority.
What documentation must accompany this application?	<ol style="list-style-type: none"> 1. If requesting approval of a new facility (and therefore a new Operator), the following documentation must be supplied: <ul style="list-style-type: none"> ▪ This application form ▪ A draft of the facility operating manual (not required for Plant Quarantine level I & II facilities) ▪ An application for a MAF credit account (if one is not already in place), otherwise quote your current account number with your application ▪ A completed Consent to Disclosure of Information (Police check form) for the Operator (if the applicant is an individual) OR for the nominated Manager (if the applicant is <u>not</u> an individual¹) where required by the standard ▪ Evidence the Operator has taken training (required under BNZ-STD-TFGEN only) 2. If requesting approval of a new Operator at an existing facility OR approval to additional facility standard(s), the following documentation must be supplied: <ul style="list-style-type: none"> ▪ This application form ▪ A revised version of the facility operating manual (incorporating any additional facility standard requirements/new Operator details - not required for Plant Quarantine level I & II facilities) ▪ A completed Consent to Disclosure of Information (Police check form) for the new Operator (if the applicant is an individual) OR for the nominated

	<p>Manager (if the applicant is <u>not</u> an individual¹) where required by the standard</p> <ul style="list-style-type: none"> ▪ Evidence that the Operator has taken the required training (required under BNZ-STD-TFGEN only)
<p>How long will it take to process this application?</p>	<p>An application can take up to six weeks to process from the time that MAF receives all correct and complete documentation. Most delays are due to documentation errors and insufficient facility operating manual. In order to reduce delays make sure your operating manual includes all necessary requirements and that you submit all required documents.</p> <p>For general transitional facilities, template operating manuals are available on the MAFBNZ website.</p>
<p>What are the costs?</p>	<p>Costs are based on the current Biosecurity (Costs) Regulations and are for the time involved in processing applications, reviewing the facility operating manual and any site inspection by an Inspector. The level of cost will vary depending on whether the application is for a new or existing facility and/ or Operator.</p> <p>Costs are charged in 15 minute allotments, at a rate of \$102.20 per hour.</p> <p>There are also ongoing costs associated with an approval, e.g. costs for facility audits (includes Inspector's travel time) as well as an annual fee of \$163.55</p>
<p>Where do I send my application documents?</p>	<p>For Wellington, and the South Island, send applications to:</p> <p>MAFBNZ Facility Approvals Email: facilityapprovals@maf.govt.nz PO Box 2526 Fax: 04 894 0228 Wellington 6140</p> <p>For the Rest of the North Island, send applications to:</p> <p>MAFBNZ Facility Approvals Email: facilityapprovals@maf.govt.nz PO Box 53066 Fax: 09 909 8558 Auckland Airport, Auckland 2150</p> <p>For General Inquiries relating to this application phone: 09 909 3030 (Option 3)</p>
<p>How long is an approval valid for?</p>	<p>Approvals are valid for as long as the facility continues operating in accordance with its approval under the relevant standard(s). This is assessed via an inspection from MAFBNZ. Approvals may cease when:</p> <ol style="list-style-type: none"> 1. The Operator requests cancellation, or 2. MAFBNZ cancels the approval, in accord with section 39 (facility cancellation) and/or section 40 (Operator cancellation) of the Biosecurity Act 1993.
<p>Privacy statement and disclosure of information</p>	<p>All information collected in this application form is for the purpose of applying for approval under sections 39 and 40 of the Biosecurity Act 1993, and will not be passed on to third parties without the consent of signatories.</p> <p>Under the Privacy Act 1993, signatories have the right of access to, and correction of, any personal information that is held by MAF.</p> <p>All relevant questions in this form must be answered. Failure to do so may result in delays in processing applications.</p>

<p>Your Record Date Application sent to MAF:</p>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: center; font-size: small;">DAY / MONTH / YEAR</p>
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Please keep these notes. Detach prior to sending the rest of the application to MAF.

APPLICATION FOR APPROVAL OF A TRANSITIONAL OR CONTAINMENT FACILITY &/OR OPERATOR APPLICATION FORM

If filling in by hand, please use blue or black ink pen. Print in **BLOCK CAPITAL LETTERS**. Cross out any errors.

SECTION A: NATURE OF THIS APPLICATION *(please tick one)*

This is an application for a new facility and Operator approval (includes current facilities moving locations) → *Go to Section B*

This is an application for a new Operator approval at an existing facility

Provide your current MAF facility approval code**What is this?* : _____ → *Go to Section B*

This is an application for approval to additional/ new MAF facility standard(s) at a current facility

Provide your current MAF facility approval code**What is this?* : _____ → *Go to Question 9*

* **What is this?** Your facility registration code is the **4 or 5 number code** found on your current facility approval certificate.

SECTION B: NEW FACILITY/OPERATOR APPROVAL OR NEW OPERATOR APPROVAL

1. Is the new Operator an individual?

NB: MAF will hold this person responsible for maintaining biosecurity requirements at the business.

Yes__ → *Go to Question 2*

No__ → *Go to Question 5*

2. Name of new Operator: Mr/Mrs/Miss/Ms/Dr _____

(First Name)

(Surname)

3. Operator's email: _____

4. Position in the organisation/company: _____

→ *Go to Question 8*

5. Name of Nominated Manager: Mr/Mrs/Miss/Ms/Dr _____

(Name)

(Surname)

Nominated Manager's email: _____

Position in the organisation/company: _____

8. If you are applying for approval under BNZ-STD-TFGEN, has the Operator/Nominated Manager taken the required training?

Yes

Provide your Operator number & training expiry date: _____

No__ *Please ensure you are booked on a training course & provide confirmation of booking with this application, e.g., attached emails or letters of confirmation. For trainer contact details see: <http://www.biosecurity.govt.nz/regs/trans/req#training-providers>*

9. Business owners name (if different from Operator): Mr/Mrs/Miss/Ms/Dr _____

(First Name)

(Surname)

10. Business owner's email: _____

11. Current Operator's name

(if applicable): Mr/Mrs/Miss/Ms/Dr _____

(First Name)

(Surname)

NOTE: A new Operator must also fill out the Consent to Disclosure of Information (Police Check) form, downloadable at: <http://www.biosecurity.govt.nz/border/transitional-facilities/registration/application-form>

→ *Go to Section C*

SECTION C: APPROVAL TO MAF FACILITY STANDARD(S) (for new & existing facilities)
You must have read & understood the requirements of the relevant MAFBNZ standard(s)

2. Is your facility currently approved? **Yes** → *Go to Question 13*
 No → *Go to Question 15*

3. What standard(s) is the facility currently approved to? _____

4. Do you wish to request cancellation of approval to any of the standards listed in 13 above? **Yes** *Indicate which standard(s):* _____ → *Go to Question 15*
 No → *Go to Question 15*

5. Are you requesting a new approval or change of current approval to BNZ-STD-TFGEN in order to import **general risk goods** (see lists below)? **Yes** *Tick one or more categories from the lists below.*
 No → *Go to Question 17*

Specific types of facilities (see annexes in the standard's guidance document)

Sea containers (Annex A)
 What is the estimated number of containers per year?

What is the origin of containers (top 3 countries)?

- Decontamination Facility (Annex B)**
- Fumigation & Other Biosecurity Treatment Facility (Annex C)**
- Facilities for the Inspection of Personal Effects (Annex D)**
- Fresh Produce & Nursery Stock Inspection Facilities (Annex E)**
- Animal Products (products containing/ made of dairy product, meat products, animal skin, feathers etc) (Annex F)**
- Holding of Biological Products (Annex G)**
- Flight Kitchens for Processing of Quarantine Refuse (Annex H)**
- Incineration or Sterilisation Facilities (Annex I)**
- International Mail and Courier Facilities (Annex J)**
- Inorganic/ Inanimate Material in Containers (Annex K)**
- Seed for Processing & Stored Products (eg rice, lentils, soy beans, etc) (Annex L)**
- Self Storage Facility (you run a self storage business) (Annex M)**
- You lease a storage unit within a self storage business (Annex M)**

General risk goods under the standard

- Plant Products (e.g. products containing/ made of bamboo, cane, rattan, sea grass, straw, such as baskets, etc)**
- Used Tyres**
- Agricultural Compounds**
- Air Containers**
- Used Equipment/ Machinery/ Scrap Metal**
- Timber (products containing/made of wood such as furniture, sawn timber, etc)**
- Produce (Fresh)**
- Produce (Frozen)**
- Used Vehicles (including cars, motorcycles, boats, aircraft, etc)**
- Used Car Parts**
- Soil or Water (e.g. test samples)**
- Fertiliser**

6. If you ticked **sea containers (Annex A)** above in 19, list below the nominated MAF Accredited Person(s)[†] who will be responsible for the container checks. Attach a separate list if necessary.

Full Name	MAFBNZ AP Number (if registered)	Trained (Y / N)	Training expiry

† An Accredited Person is a person who has taken the required training & is approved to check sea containers for biosecurity risks. All sea container importers must have access to sufficient numbers of Accredited Persons to check incoming containers. For details on training providers go to <http://www.biosecurity.govt.nz/border/transitional-facilities/sea-containers/current-ap-training-providers>.

SECTION C <i>Continued...</i>	
17. Are you applying for a new approval or change of current approval under other facility standards?	<input type="checkbox"/> Yes → <i>Go to Question 18</i> <input type="checkbox"/> No → <i>Go to section D</i>
18. Please indicate the below the risk good(s) that you wish to import/ hold or the standard(s) that you wish to be approved to. Attach extra sheets if necessary.	
<input type="checkbox"/> Live animals (vertebrates, invertebrates)*	<input type="checkbox"/> Plant products
<input type="checkbox"/> Animal products (describe products below)	<input type="checkbox"/> Nursery stock for Post-Entry Quarantine (PEQ)*
<input type="checkbox"/> Seed/ Grain under a Grain Importation System	<input type="checkbox"/> Plant house, herbarium specimens, etc
<input type="checkbox"/> Micro-organisms, cell cultures, biological products (for research, testing &/ or processing)	<input type="checkbox"/> Other standard or goods (please specify below):
* On a separate sheet attach details of the species to be imported, and expected number of imports per year.	

→ *Go to Section D*

SECTION D: BUSINESS/ ORGANISATION DETAILS		
19. Name of the facility (<i>this is the business name you want on your approval certificate</i>):		
20. Physical address (<i>where the facility is or will be located</i>):		
Suburb:	City:	Post Code:
21. Postal address (<i>if different from above</i>):		Post Code:
22. Phone number: ()	Mobile:	Fax: ()
23. Provide an email address for MAF communications:		
24. Provide your MAF financial account number (if available):		

→ *Go to Section E*

SECTION E: APPLICATION CHECKLIST

Ensure you have completed **all relevant sections** of the application & submitted **all required documentation**. Failure to do so may result in delays in processing of applications. Please complete the following checklist (*tick when complete*):

- An application form for approval of a transitional or containment facility and Operator (this form).
<http://www.biosecurity.govt.nz/files/regs/trans/register/facility-approval-application.doc>
- A consent to disclosure of information (Police check) form (for new operator applicants only) where required by the standard. <http://www.biosecurity.govt.nz/files/regs/trans/register/consent-to-disclosure-of-information.doc>
- An application for a credit account (for new approvals).
<http://www.biosecurity.govt.nz/files/biosec/org/application-for-credit.pdf>
- A facility operating manual (for general transitional facilities there are templates available to assist you).
<http://www.biosecurity.govt.nz/border/transitional-facilities/bnz-std-tfgen>
- NOTE:** All applications, except for Plant Quarantine level I & II facilities, must include a copy of the most recent facility operating manual.
- A site plan showing the layout of your facility, this can be as a part of your operating manual.
- Proof that the operator has undertaken training (for MAFBNZ standard BNZ-STD-TFGEN only) such as a copy of your Operator training certificate or booking confirmation. For information on training go to:
<http://www.biosecurity.govt.nz/regs/trans/register>
- If you are importing sea containers, ensure that there are enough trained MAF Accredited Person(s) available to check your containers. For more information go to: <http://www.biosecurity.govt.nz/regs/trans/register>

NOTE: Please allow approximately **six weeks from the time of receiving all correct documentation** to process an application (depending on the type of facility approval). Once your application is processed, a Biosecurity Inspector may contact you to arrange a site visit. For a list of standards, please go to: <http://www.biosecurity.govt.nz/regs/trans#standards>

→ **Go to Section F**

SECTION F: DECLARATION

I, _____,
(full name)

being the applicant for approval of a Transitional Facility/ Containment Facility and/ or Operator /Nominated Manager, in accordance with section 39 and/ or section 40 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 provide any of the required information may result in rejection of my application by MAF Biosecurity New Zealand. I have read and understand the MAFBNZ Standard(s) I am applying for and have included extra documents where required. I accept to pay all costs associated with the approval of this application.

Signature:

Date:

Please send this signed form to a MAFBNZ application centre nearest you

Either:

MAFBNZ Facility Approvals
PO Box 53066, Auckland Airport
Auckland 2150

Email: facilityapprovals@maf.govt.nz

Fax: 09 909 8558

Or:

MAFBNZ Facility Approvals
PO Box 2526,
Wellington 6140

Email: facilityapprovals@maf.govt.nz

Fax: 04 894 0228

For General Inquiries relating to this application please phone: 09 909 3030 (Option 3)

MAF USE ONLY		
Standard(s) applied for:	Annex:	
Classification (tick one) <input type="checkbox"/> Brand New Facility Approval <input type="checkbox"/> Moving Premises/Same Operator <input type="checkbox"/> New Operator/Same Site <input type="checkbox"/> Approval Upgrade to Risk Goods	Documents received (tick as applicable) <input type="checkbox"/> Facility Application <input type="checkbox"/> Operator Application <input type="checkbox"/> Consent to Disclosure of Information form <input type="checkbox"/> Manual & Site Plan Attached Credit Account Form Passed to finance	Operator Trained? <input type="checkbox"/> YES <input type="checkbox"/> NO AP(s) Trained? <input type="checkbox"/> YES <input type="checkbox"/> NO Confirmation from Finance
Date application received:	Impact number:	
Application processed by:	QuanCargo Number:	
MAF Enforcement sent date:	Received back date:	
NZ Police Force sent date:	Received back date:	
Further action required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Sent to:	
Biosecurity Officer:	Date sent to BSI:	
Approved Not Approved	Approving Manager:	
	Date Approved:	
Notes:		