

Application Form AP7 Recognised Person

New

Renewal

Individuals may apply to the Director-General of the New Zealand Food Safety Authority for recognition under section 101 of the Animal Products Act 1999 to carry out verification functions and activities or other specialist functions and activities for the purposes of that Act.

Send the completed application form together with the fee, consent to disclosure form and other appropriate documentation to the New Zealand Food Safety Authority, Approvals & ACVM Group at the above address.

If there are any changes to the details provided in this application subsequent to recognition, you must inform the New Zealand Food Safety Authority (NZFSA), Approvals & ACVM Group, in writing.

Refer Privacy Act notice at the end of the form regarding the collection of personal information on individuals.

1. Identification:

A unique identifier must be assigned to each Recognised Person. Please choose 2 business identifiers in the event that the identifier chosen is not available for use. Identifiers must have at least 3, and no more than 10, characters, at least 1 numeric character and no leading zeros.

ID (new / current):	(2nd choice):
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2. Applicant Name:

Full name of applicant and organisation (where appropriate)..

Full legal name of applicant:	
Full legal name of organisation:	

2a. Address and Contact Details of Applicant or Organisation:

Physical (for service):	Phone No:
	Fax No:
Postal (for communication): (Please include Post Code)	E-Mail:
	[<input type="checkbox"/>] tick for consent to being provided electronic information

3. Recognised Agency Details:

Is the applicant or organisation, as stated in section 2, a Recognised Agency? (circle yes or no) YES / NO	
Supply Recognised Agency name and contact details (if different from 2a) and identification number:	
Physical (for service):	Phone No:

4. Functions, Activities and Qualifications Table:

Functions	Activities	Qualifications
<i>Example: Verification</i>	<i>Risk management programme (thermal processing of low-acid canned products).</i>	<i>B.Tech(Food), 10 years meat industry experience Retort Supervisors course, DWC Pty Ltd.</i>

5. Signatory Status:

Are you a signatory under ISO 17020 (or equivalent)? (circle yes or no)	YES / NO
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6. Applicant Declaration: To be completed by applicant.

I declare that:	
a) The information supplied in this application is truthful and accurate to the best of my knowledge; and	
b) I am of good character and reputation; and	
c) There is no other information I am aware of that affects my ability to maintain an appropriate degree of impartiality and independence in carrying out the functions and activities for which I have applied to be recognised.	
Name:	Date:
Designation:	Signature:

6a. Consent to Disclosure of Convictions Form:

Appendix 1 must be completed by the applicant and attached to this application []

7. Recognised Agency Declaration: To be completed by the Recognised Agency recommending the applicant for recognition.

I declare that this recognised agency has completed a thorough assessment of the competency of this applicant to perform verification in accordance with the documented procedures and I am satisfied that this person should be recognised to perform verification for the functions and/or activities listed above.	
Name:	Date:
Designation:	Signature:

8. NZFSA Service Charge:

ON PAYMENT THIS BECOMES A TAX INVOICE

APPLICATION FEE: \$274.50 incl. GST for new applications / renewal applications. For **LAS Signatories** the fee is **\$137.25** incl. GST.

GST No: 97-200-130

Note: In addition to the application fee, an assessment fee based on an hourly rate of **\$137.25** per hour and **\$34.31** per quarter hour (incl. GST) may be charged.

PAYMENT OPTIONS:

Payments comprising multiple fees must be supported by a remittance advice. Please attach your advice to this application or send it separately to: **NZFSA Approvals, PO Box 2835, Wellington 6140.**

NZFSA does not accept cash. Payment must be made using one of the following methods. (Please tick and fill in the appropriate section.)

DIRECT CREDIT:

1. Pay into Bank Account no. **03 0049 0004918 000**
2. In the 'Reference' details, put the words: **PERSON**
3. Enter the date of deposit and the payee name on this form below:

Date of deposit:

Payee name:

CHEQUE:

1. Make the cheque payable to **New Zealand Food Safety Authority.**
2. Attach the cheque to this application.

CREDIT CARD:

1. Tick the type of card you wish to use: AMEX Diners Mastercard VISA
2. Fill in the card details below:

Card no:

Name on card:

Expiry date:

Signature:

9. Final checklist [✓]

Have you:

- read and understood this form and any associated guidance document?
- filled this form in completely and legibly?
- provided the documents listed in section 6?
- read and signed the Applicant Declaration (section 6 and 7)?
- indicated how the fee will be paid for this application and, if required, attached a cheque (section 8)?

Collection of Personal Information on Individuals

In regard to any information being collected on this application for recognition pursuant to the Animal Products Act 1999 (that is personal information identifying or being capable of identifying an individual person), notification is hereby provided in accordance with principle 3 of the Privacy Act 1993, to individuals of the following matters:

1. This information is being collected for purposes relating to recognition and general administration of recognised persons under the Animal Products Act 1999 and regulations and notices made under that Act.
2. The recipient of this information, which is also the agency that will collect and hold the information, is the New Zealand Food Safety Authority, P O Box 2835, Wellington 6140.
3. The collection of information is authorised under section 102 of the Animal Products Act 1999. The provision of this information is necessary in order to process this application. Failure to provide information is likely to result in the return of this application form to the applicant for completion.
4. You are reminded that under principles 6 and 7 of the Privacy Act 1993, you have the right of access to, and correction of, any personal information, which has been provided.

NZFSA Administration:

Date processed	Receipt No.
Name	Signature