



**4. Testing:**

Proposed testing plan for independent verification programme:  
*Include your reasons/justification for the proposed testing plan here. If there is insufficient space, attach additional page(s).*

Proposed frequency of testing:

Proposed independent sampler:

**Please list/outline here any enclosed documentation that is necessary to support this application:**

**Name:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (DD/MM/YYYY)

***Send this application with any supporting documentation to:***

The Director, Approvals, NZFSA, PO Box 2835, Wellington.