

## DPF 304 – Application Form for Alternative Criteria.

- Refer to the related guidelines when completing this application form.

### 1. Identification:

RMP Operator:	Unique Location Identifier:
	RMP Registration ID:

### 2. Business Address and Contact Details:

Physical (for service/delivery of items):	Phone No:
	Fax No:
Postal (for communication):	E-mail:

### 3. Approved Criteria to which an Alternative is Proposed:

List all Approved Criteria and relevant clauses:	
Alternative Criteria:	Title:

**4. Testing:**

Detail of Proposal (describe the proposed amendment in full for the Risk Management Programme).

**5. Supporting Material:**

**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.