

## Application Form DPF 501

### Recognised Agency – Laboratories

New

Amendment/Change to Scope

Laboratories may apply to the Director-General of the New Zealand Food Safety Authority for recognition under section 103 of the Animal Products Act 1999 to carry out tests on dairy material and dairy product or other specialist functions and activities for the purposes of that Act.

Send the completed application form together with the fee, evidence of accreditation or recognition, consent to disclosure form and other appropriate documentation to the New Zealand Food Safety Authority, Approvals and 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 and ACVM Group, in writing.

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

#### 1. Applicant Name:

Full name of applicant and organisation.

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

#### 2. Address and Contact Details of Applicant:

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

#### 3. Recognised Agency (Laboratory) Details:

Physical (for service):	Phone No:
Postal (for communication): (Please include Post Code)	Fax No:
Unique Number (if registered previously)	
What type of testing will be carried out? Please tick: <ul style="list-style-type: none"> <li><input type="radio"/> Category 1      Export products, testing for third parties and/or NZFSA certification</li> <li><input type="radio"/> Category 2      Internal quality control, raw milk testing, testing of company's own product for the domestic market</li> </ul>	
Name of accreditation/recognition body: _____	
Name(s) of auditor(s): _____	
Summary audit and report number: _____	
<i>Attach a copy of the report.</i>	

**4. Test and Product Groups Table:** (attach an additional page if required)

Test	Product Groups
<i>Examples:</i> <i>E. coli</i>	<i>Cream products</i>

**5. 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:

**Collection of Personal Information on Individuals**

In regard to any personal information being collected on this application for access to the Dairy Recognised Agency and Person Website, pursuant to the Animal Products Act 1999 (that is personal information about an identifiable individual), 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 access to the Dairy Recognised Agency and Person section of the NZFSA website and the administration of the Animal Products Act 1999.
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 (NZFSA), PO Box 2835, Wellington 6140.
3. The collection of information is authorised under section 105 and 107 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.
4. Under Principles 6 and 7 of the Privacy Act 1993, an individual has the right of access to, and correction of, any personal information about that person, which has been provided.
5. Pursuant to section 67 of the Privacy Act an individual has the right to complain to an ombudsman or the Privacy Commissioner if he or she feels the NZFSA has acted in such a way as to interfere with his or her privacy.
6. However, you are reminded that under section 161 of the Animal Products Act 1999, personal information provided may be disclosed according to the provisions of the Act.

## 6. NZFSA Service Charge:

### ON PAYMENT THIS BECOMES A TAX INVOICE

APPLICATION FEE: **\$411.75** incl. GST. Amendment fee is **\$343.13** 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 part hour (incl. GST) will 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: **LAB**
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:**

## 7. Final checklist

Have you:

- read and understood this form and any associated guidance document?
- filled this form in completely and legibly?
- read and signed the Applicant Declaration (section 5)?
- indicated how the fee will be paid for this application and, if required, attached a cheque (section 6)?

#### NZFSA Administration:

Date processed

Receipt No.

Name

Signature



CONSENT TO DISCLOSURE OF INFORMATION

The Manager
Licensing and Vetting Service Centre
Police National Headquarters
P O Box 3017
WELLINGTON

I, [Surname] [Fore names]
[Maiden or any other names used]

Sex [M/F] Date and place of birth

Nationality Residential Address

Suburb City

NZ Driver Licence number

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the New Zealand Food Safety Authority. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed Date

COMMENTS OF NEW ZEALAND POLICE

Send completed disclosure to:
Personal: In confidence
Peter Fairless
Senior Programme Manager (Production & Processing)
Approvals & ACVM Group
New Zealand Food Safety Authority
P O Box 2835
WELLINGTON 6140