



**Single Use Permit Application**  
**for prescribed food clearance**  
**EMAIL this form to the Central Clearing House (CCH):**  
[imported.food@nzfsa.govt.nz](mailto:imported.food@nzfsa.govt.nz)  
Fax: 09 909 6208  
Phone: 09 909 6210 or 09 909 6211

Administration: <i>Office Use only</i>	
Advisor:	
Permit Number:	FSA

Please complete **all** sections of this form. If you require assistance please contact the CCH

Application completed by:			
Date:		Number of Line Items:	

<b>Importer</b>			
Customs Code:			
Contact Name:			
Business name:			
Address:			
Email Address:			
Phone:		Fax:	
GLS Registration Number:			

<b>Customs Broker (if Applicable)</b>			
Customs Code:			
Contact Name:			
Business name:			
Address:			

Email Address:			
Phone:		Fax:	
<b>Holding Premises</b>			
Customs Code:			
Contact Name:			
Business name:			
Address: (Physical)			
Email Address:			
Phone:		Fax:	

<b>Shipping Details</b>			
Vessel/Aircraft:		Date of Arrival:	
Voyage Number:		Port of Arrival:	
Container No:		Port of Departure:	
B/L Number:		Date at holding premises:	

<b>Line Item 1</b>		
Import Health Cert no:		
Tariff Code:		
Product Description:		
Product Details:	Brand:	
	Batch (if applicable):	
	Size:	
	Quantity:	
<b>Supplier</b>		
Country of Origin:		
Customs Code:		
Name:		
Address:		

<b>Line Item . . .</b>	
Import Health Cert no:	
Tariff Code:	

Product Description:		
Product Details:	Brand:	
	Batch (if applicable):	
	Size:	
	Quantity:	
<b>Supplier</b>		
Country of Origin:		
Customs Code:		
Name:		
Address:		

<b>Line Item . . .</b>		
Import Health Cert no:		
Tariff Code:		
Product Description:		
Product Details:	Brand:	
	Batch (if applicable):	
	Size:	
	Quantity:	
<b>Supplier</b>		
Country of Origin:		
Customs Code:		
Name:		
Address:		

<b>Line Item . . .</b>		
Import Health Cert no:		
Tariff Code:		
Product Description:		
Product Details:	Brand:	
	Batch (if applicable):	
	Size:	
	Quantity:	
<b>Supplier</b>		

Country of Origin:	
Customs Code:	
Name:	
Address:	

Line Item . . .	
Import Health Cert no:	
Tariff Code:	
Product Description:	
Product Details:	Brand:
	Batch (if applicable):
	Size:
	Quantity:
Supplier	
Country of Origin:	
Customs Code:	
Name:	
Address:	

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Importer Checklist:	
Attached:	
Import Health Cert	<input type="checkbox"/>
Inventory	<input type="checkbox"/>
Bill of Lading	<input type="checkbox"/>