

Application Form AP4 Registration of Risk Management Programme

An application for registration of a risk management programme (RMP) with the Director-General of the New Zealand Food Safety Authority, under section 20 of the Animal Products Act 1999 must be made using this form. Refer to application form guidelines for more information on completion of this form.

This application form has been approved by the Director-General in accordance with section 20 (2) of the Animal Products Act 1999.

Send the completed application form together with the fee, the independent evaluators report and other documentation to New Zealand Food Safety Authority, Approvals & ACVM Group, attention at the above address.

If there is any change to the contact details provided in this application, you must inform New Zealand Food Safety Authority (NZFSA) in writing.

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

1. Business Identification:

Unique business identification will be allocated to each premises. 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

Business ID (1 st Choice):	Unique Location Identifier(s): (dairy only)
Business ID (2 nd Choice):	

2. Operator Name:

Refer to application form guidelines for explanation.

3. Fishing Vessel Name & No.

(If applicable)

Full legal name:	Name:
	FV Number:

4. Business Address and Contact Details:

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.

5. Registered Company Address and Contact Details:

Only complete if the applicant is a registered company and details are different from the business address in Section 4.

Physical (for service):	Phone No:
	Fax No:
	E-mail:

6. Multi-business RMP:

Is this RMP intended to apply to other business operators in accordance with section 17A of the Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, then go to section 6 – Responsible Persons/Organisations		
If Yes, then please complete the following–		
Does the operator of the RMP have sufficient control, authority, and accountability for all matters covered by the programme in relation to the other businesses or part-businesses covered by the programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the RMP operator obtained the consent or otherwise taken into account the views of each person whose business or part-business is to be covered by the programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is each person whose business or part-business is to be covered by the programme aware of the implications in the event of suspension or deregistration of the programme, or the RMP operator ceasing to operate for any other reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please attach a list of each dairy business operator covered by this RMP application including full legal name, dairy business operator ID (if known) and for each dairy business operator (other than farm dairies), the location/premises details required under section 7 below.		

7. Processing Capabilities: This section is not applicable to a dual operator butcher.

Please complete the appropriate section of an **AP49: Principle Categories of Processing** table and submit with this application form.

8. Responsible Persons / Organisations:

Refer to application guidelines to complete the following table:

Day-to-day Manager of the RMP (name / position / designation)	Accredited Evaluator (name)	Recognised Verification Agency (name)	Other

9. Other Regulatory Programmes:

If you have an approved Food Safety Programme (FSP) covering non animal products, or are intermittently operating under a FSP, fill out this section:

FSP Identifier (s)	FSP Application No. & period of use	FSP Auditor and Company (name)

10. List of Location/Premises: (dairy only)

Please list the Locations/Premises to be covered by this RMP along with the NZFSA assigned Unique Location Identifier. Identify whether the premises are existing (i.e. currently operate under a registered RMP) or are new.

Unique Location Identifier:	Location, Name and Physical Address:	Currently registered or identified under the Animal Products Act?
-----------------------------	--------------------------------------	---

--	--	--

11. Minimum Documentation Requirements attached (✓): Refer to the Risk Management Programme Manual for full details.

<input type="checkbox"/>	Independent endorsed evaluator's report
	RMP or RMP outline either as:
<input type="checkbox"/>	an electronic file (in a form acceptable to the Director-General) endorsed by the evaluator; or
<input type="checkbox"/>	the original evaluator endorsed hard copy of the RMP or RMP outline, and a copy of the site plan
<input type="checkbox"/>	an NZFSA approved Risk Management Programme Template

12. Changes to RMP:

Have any changes been made to the submitted RMP since the evaluation report was prepared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes: <input type="checkbox"/>	Attach description of changes	

13. Operator Declaration: To be completed by the RMP Operator or person with legal authority to act on behalf of the RMP Operator

I declare that:	
a)	I am authorised to make this application as the Operator of the RMP or person with legal authority to act on behalf of the Operator; and
b)	the information supplied in this application is truthful and accurate to the best of my knowledge; and
c)	neither I nor any directors, partners or managers of the business concerned have been convicted, whether in New Zealand or overseas, of any offence relating to fraud or dishonesty, or relating to management, control or business activities in respect of businesses of a kind (whether in New Zealand or elsewhere) that are regulated under the Animal Products Act 1999; and
d)	The operator is a New Zealand resident within the meaning of section OE1 or section OE2 of the Income Tax Act 2004.
Name:	Date:
Designation:	Signature:

Collection of personal Information on Individuals

In regard to any personal information being collected on this application for registration of a risk management programme under 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 registration of a risk management programme and 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, PO Box 2835, Wellington 6140. Details of the registered RMP will be displayed on the public register of RMPs.
3. The collection of information is authorised under section 20 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 and ultimately may result in a refusal by the Director-General, in accordance with section 23 of the Animal Products Act 1999, to register the RMP that is the subject of the application.
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.

14. 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, 7, 10 and 11?
- read and signed the Applicant Declaration (section 12)?
- indicated how the fee will be paid for this application and, if required, attached a cheque (section 13)?

15. NZFSA Service Charge:

ON PAYMENT THIS BECOMES A TAX INVOICE

APPLICATION FEE: \$411.75 incl. GST. If you submit an NZFSA RMP Template the fee is **\$274.50** 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: **RMP**
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:

NZFSA Administration:

Date

Receipt No.

Name

Signature