

Application Form AP7

Recognition of a Person under the Animal Products Act 1999

Before you start, let's check that you have everything you need:

- You are filling in this form because you require recognition as an evaluator, verifier or assessor under the Animal Products Act 1999. To check that this form is correct for your intended recognition, view <https://www.mpi.govt.nz/legal/approved-organisations-and-people/>
 - The application fee according to the payment section of this form.
Note: all fees on this form are inclusive of GST.
-

Read these notes before you start filling out the form:

- Individuals may apply to the Director-General of MPI for recognition under section 103 of the Animal Products Act 1999 to carry out verification functions and activities or other specialist functions and activities for the purposes of that Act.



- This icon is used when you need to make a decision. The question will help you decide whether you need to complete a particular section.
- Throughout this form you will need to tick boxes that look like this: ☐. A checked box indicates a 'yes' answer.
- Send the completed application form together with the fee and any other documentation required to MPI at the above address. We prefer email files. Processing time is up to 20 working days from the time we determine that your application is complete.
- If there are any changes to the details provided in this application after the application has been sent to MPI, you must promptly inform us of the changes in writing.

Frequently used terms

GST = Goods and services tax

KTP Model = Key Technical Person Model, the performance-based assessment scheme for the management of recognised persons by a recognised agency

MPI = Ministry for Primary Industries

RCS = Regulated Control Scheme

RMP = Risk Management Programme

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Processing time is up to 20 working days from the time we determine that your application is complete.



Question A: Are you applying for a new recognition or renewing/amending an existing recognition?

- ☐ New → Continue straight to Section 2.
- ☐ Amendment → Complete Section 1, then all relevant sections and indicate clearly where details have changed.
- ☐ Renewal → Complete Section 1, then all relevant sections and indicate clearly where details have changed (police vetting form not required for renewal)

Section 1. MPI Recognition Identification (amendments/renewals only)

Your unique recognition identification which is 3-10 characters in length.

Recognition ID:

Section 2. Applicant Details

Full name of person applying for recognition, and organisation of employment (where appropriate).

Applicant full name

Organisation

Section 3. Business Address and Contact Details of Applicant

Street/Physical (location of actual premises)

Postal, including post code (for communication)

Address:

Address:

Town/City:

Town/City:

Postcode:

Postcode:

Country:

Country:

Phone

Mobile

Email

By entering an email address you consent to being sent information and notifications electronically, if required.



Question B: Are you applying for recognition as an evaluator?

- ☐ Yes → Complete Section 4.
- ☐ No → Continue to Question C.

Section 4. Evaluator Functions and Activities table	
Tick all that apply.	
Function	Activity
<input type="checkbox"/> Heat Treatment Evaluation	<input type="checkbox"/> Dairy Heat Treatment
<input type="checkbox"/> Premises and Equipment Evaluation	<input type="checkbox"/> Dairy Manufacturing, Stores and Transport
<input type="checkbox"/> Dairy RMP Evaluation	<input type="checkbox"/> Dairy Stores and Transport <input type="checkbox"/> Farm Dairies <input type="checkbox"/> General Dairy Manufacture <input type="checkbox"/> Infant Formula Manufacture* <input type="checkbox"/> Raw Milk Products Manufacture* <i>*note person must be recognised, or applying for recognition, in general dairy manufacture to include these Activities</i>
<input type="checkbox"/> Non-Dairy RMP Evaluation	<input type="checkbox"/> General Non-Dairy (for all evaluators); and <input type="checkbox"/> Aseptic processing <input type="checkbox"/> Thermal processing of low acid canned products <input type="checkbox"/> BMS depuration



Question C: Are you applying for recognition as a verifier?

- ☐ Yes → Complete Section 5.
- ☐ No → Continue to Question D.

Section 5. Verifier Functions and Activities table	
Tick all that apply.	
Function	Activity
<input type="checkbox"/> Dairy RMP Verification	<input type="checkbox"/> Dairy Stores and Transport <input type="checkbox"/> Farm Dairies <input type="checkbox"/> General Dairy Manufacture (without heat treatment) <input type="checkbox"/> General Dairy Manufacture (with heat treatment) <input type="checkbox"/> Grade A product* <input type="checkbox"/> Infant Formula Manufacture* <i>*note: person must be recognised, or applying for recognition, in General Dairy Manufacture (with heat treatment) to include these Activities</i>
<input type="checkbox"/> Non-Dairy RMP Verification	<input type="checkbox"/> General Non-Dairy* (for all verifiers); or <input type="checkbox"/> Limited - Bee Products; and <input type="checkbox"/> Ante-mortem/Post-mortem examinations <input type="checkbox"/> Aseptic processing and packaging <input type="checkbox"/> BMS Depuration <input type="checkbox"/> Thermal processing of low acid canned products <i>*note: in some cases, recognition conditions may specify industry sector</i>
<input type="checkbox"/> Official Assurance Verification	<input type="checkbox"/> Dairy Official Assurances <input type="checkbox"/> Official Assurances Programme – Bee Products <input type="checkbox"/> Official Assurances Programme - Live Animals and Germplasm
<input type="checkbox"/> RCS Verification	<input type="checkbox"/> Raw Milk Farm Dairies* <input type="checkbox"/> Raw Milk Depots* <input type="checkbox"/> Transport, Depots and Export Loading Facilities <i>*note: person must be recognised, or applying for recognition, in Dairy RMP Verification to include these Activities</i>



Question D: Are you applying for recognition as a farm dairy assessor?

- ☐ Yes → Complete Section 6.
☐ No → Continue to Question E.

Section 6. Assessor Functions and Activities table	
Tick all that apply.	
Function	Activity
<input type="checkbox"/> Farm Dairy Assessment	<input type="checkbox"/> Farm Dairies <input type="checkbox"/> Raw milk RCS* <input type="checkbox"/> US Grade A Farm Dairy* <i>*note: person must be recognised in Farm D to include these Activities</i>



Question E: Are you applying for recognition as a non-dairy evaluator?

- ☐ Yes → Complete Section 7, then go straight to Section 11 if you aren't applying for anything else.
☐ No → Go to Question F.

Section 7. Evaluator Minimum Documentation Requirements
Send in all the required documents. Your application will not be processed until all documents are received.
<input type="checkbox"/> Police Vetting Service Request & Consent Form (Appendix 1). <input type="checkbox"/> Evidence you meet the requirements of N3.1 of the Animal Product Notice: Production, Supply and Processing. <input type="checkbox"/> If you have applied for BMS depuration, Aseptic processing and packaging, and/or Thermal processing of low acid canned products, include evidence of completion of relevant courses listed in N3.3 of the Animal Product Notice: Production, Supply and Processing.



Question F: Are you applying for recognition as a farm dairy assessor?

- ☐ Yes → Complete Section 8.
☐ No → Go straight to Question G.

Section 8. Farm Dairy Assessor Minimum Documentation Requirements
Send in all the required documents. Your application will not be processed until all documents are received.
<input type="checkbox"/> Police Vetting Service Request & Consent Form (Appendix 1). <input type="checkbox"/> Evidence of technical assessment to confirm you meet the requirements of N3.10 of the Animal Product Notice: Production, Supply and Processing.



Question G: Are you applying for recognition as a dairy verifier, dairy evaluator or a non-dairy verifier?

- ☐ Yes → Complete Sections 9 (as applicable).
- ☐ No → Go straight to Section 10.

Section 9. Verifier or Dairy Evaluator Minimum Documentation Requirements	
Send in all the required documents. See N2.3 of the Animal Product Notice: Production, Supply and Processing for more information. Your application will not be processed until all documents are received.	
Dairy	
Dairy RMP Evaluators	<input type="checkbox"/> Police Vetting Service Request & Consent Form (Appendix 1). <input type="checkbox"/> Evidence of technical assessment to confirm you meet the requirements of N3.1 and N3.2 (as applicable) of the Animal Product Notice: Production, Supply and Processing.
Dairy RMP/RCS Verifiers	<input type="checkbox"/> Police Vetting Service Request & Consent Form (Appendix 1). <input type="checkbox"/> Evidence of technical assessment to confirm you meet the requirements of N3.6 and N3.7 (as applicable) of the Animal Product Notice: Production, Supply and Processing.
Dairy Official Assurances Verifiers	<input type="checkbox"/> Police Vetting Service Request & Consent Form (Appendix 1). <input type="checkbox"/> Evidence of technical assessment to confirm you meet the requirements of Table 26C of the Animal Product Notice: Production, Supply and Processing.
Non-Dairy	
Non-Dairy RMP/RCS Verifiers	<input type="checkbox"/> Police Vetting Service Request & Consent Form (Appendix 1). <input type="checkbox"/> Evidence of technical assessment to confirm you meet the requirements of N3.6 and N3.8 (as applicable) of the Animal Product Notice: Production, Supply and Processing.
Non-Dairy Official Assurances Verifiers	<input type="checkbox"/> Evidence of technical assessment to confirm you meet the requirements of Table 27B of the Animal Product Notice: Production, Supply and Processing.

Section 10. Recognised Agency Manager Statement			
Non-dairy evaluators are not required to complete this section.			
I confirm that the agency referred to in Section 2 of this form has completed a thorough assessment of the competency of this applicant to perform functions in accordance with the documented procedures and I am satisfied that this person should be recognised to perform the functions and/or activities listed previously.			
Name		Job Title	
Signature		Date	

Section 11. Applicant Statement

All applicants to complete this section.

I confirm that:

1. I am authorised to make this application as the Applicant or a person with legal authority to act on behalf of the Applicant; and
2. The information supplied in this application is truthful and accurate to the best of my knowledge; and
3. I am of good character and reputation; and
4. 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		Job Title	
Signature		Date	

Section 12. MPI Service Charge

ON PAYMENT THIS BECOMES A TAX INVOICE GST No: 64-558-838

Type	Threshold	Fee (incl.GST)
<input type="checkbox"/> Registration of Person	135 minutes	\$194.06
<input type="checkbox"/> Renewal /Amendments	90 minutes	\$77.63

Note: The threshold fee listed covers the time a standard application is expected to take. An additional assessment charge of \$155.25 incl GST per hour will be applied when applications take longer than allowed for in the regulations.

PAYMENT OPTIONS: Payments comprising multiple fees must be supported by a remittance advice. Please attach your payment confirmation to this application or send it separately to:
approvals@mpi.govt.nz

MPI does not accept cash. Payment must be made using credit/debit card or direct credit.
(Please tick and fill the appropriate section.)

☐ **CREDIT/DEBIT CARD (preferred option):**

1. To pay by credit card. Go to <https://www.mpi.govt.nz/food-safety/payments> and follow the instructions.

☐ I have attached my credit card payment receipt

☐ **DIRECT CREDIT:**

1. Pay into Bank Account no. **03 0049 0001709 002**
2. In the 'Reference' details, put the **surname of the applicant** and also include either **Company name/ ID / NZBN**
3. Enter the date of deposit and your name (payer) on this form below:

Date of Deposit		Your Name (Payer)	
------------------------	--	--------------------------	--

Section 13. Final Checklist

Have you:

- ☐ Filled this form in completely?
- ☐ Provided required documentation, including any evidence of approval of alternative courses? (where applicable)
- ☐ Read and signed the Applicant Statement, and had your manager complete the Recognised Agency Manager Statements? (where applicable)
- ☐ Indicated how the fee will be paid for this application?

Collection of Information

Collection of Personal Information

Pursuant to Principle 3 of the Privacy Act 2020, we advise that:

- This information is being collected for the purpose of recognising a person under the Animal Products Act 1999; and
- The recipient of this information, which is the agency that will collect and hold the information, is the Ministry for Primary Industries, PO Box 2526, Wellington 6140; and
- Some of the information collected will be displayed on a public register; and
- The collection of information is authorised under section 107 of the Animal Products Act 1999. The provision of this information is necessary in order to process an application for recognition; and
- The supply of this information is voluntary; however, failure to provide the requested information is likely to result in a return of this application form to the applicant, and may ultimately result in a refusal to recognise in accordance with section 109 of the Animal Products Act 1999; and
- Under Principles 6 and 7 of the Privacy Act 2020, you have the right of access to, and correction of, any personal information that you have provided.

Collection of Official Information

All information provided to the Ministry for Primary Industries is official information and may be subject to a request made under the Official Information Act 1982.

If a request is made under that Act for information you have provided in this application, the Ministry for Primary Industries will consider any such request, taking into account its obligations under the Official Information Act 1982 and any other applicable legislation.

Section 1: Approved Agency to complete (For more information please see the [Guide to Completing the Consent Form](http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides) - <http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>)

Name of Approved Agency submitting vetting request:

Name of Applicant to be vetted:

Description of Applicant's role:

Applicant's purpose

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Contractor/Consultant | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Licence/Registration | <input type="checkbox"/> Visa/Work Permit | <input type="checkbox"/> Other |

What group(s) will the applicant have contact with in their role for your agency?

- | | | | |
|---|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Elderly | <input type="checkbox"/> Other Vulnerable Adults | <input type="checkbox"/> Other |
|---|----------------------------------|--|--------------------------------|

What is the applicant's primary role for your agency?

- | | | | | |
|--|---|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Caregiving (Children) | <input type="checkbox"/> Caregiving (Vulnerable adults) | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education | <input type="checkbox"/> Other |
|--|---|-------------------------------------|------------------------------------|--------------------------------|

Will the role take place in the applicant's home?

- ☐ Yes ☐ No

Will the applicant be a volunteer or paid for their role?

- ☐ Paid ☐ Volunteer

Is this request mandatory under the Children's Act 2014 (CA)?

- ☐ Yes: Core childrens worker ☐ Yes: Non-core childrens worker
- ☐ No (mandatory under other legislation/optional/standard Police Vet)

If this is a mandatory Children's Act request, please specify the check reason below:

- ☐ New Children's Worker ☐ Existing Children's Worker ☐ CA Renewal

Evidence of Identity (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- | | |
|---|---|
| <input type="checkbox"/> A primary ID has been sighted (Mandatory) | <input type="checkbox"/> A secondary ID has been sighted (Mandatory) |
| <input type="checkbox"/> One form of ID is photographic (Mandatory) | <input type="checkbox"/> Evidence of name change has been sighted (if applicable) |

OR: If your organisation is able to accept a verified RealMe identity then:

- ☐ An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#)
- ✓ I am satisfied with the correctness of the applicant's identity
- ✓ I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: _____ Date: _____

Signature: _____ Electronic Signature ☐

Name of Approved Agency submitting vetting request:

Section 2: Applicant to complete and return to Approved Agency

**Denotes a mandatory field*

Personal Information

Details (note: the name you are most commonly known by is your primary name)

*Family name (Primary):

Given name(s):

*Gender: (M) (F) (Other)
☐ ☐ ☐

*Date of birth:
(dd/mm/yyyy)

Place of birth:
(Town/City/State)

*Country of birth

NZ Driver Licence number:

Previous names: If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name

First name

Middle names

Permanent Residential Address

*Number/Street:

Suburb:

Post Code:

*City/Town/
Rural District:

Section 3: Applicant to complete and return to Approved Agency

Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
 - Conviction histories and infringement/demerit reports
 - Active investigations, charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
 - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
 - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - Information subject to name suppression where that information is necessary to the purpose of the vet
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
 - b. Section 31(3) of the Children's Act 2014 applies to this request (safety checks of core children's workers).
 - c. The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.Please see the [guide](#) for more information regarding the Clean Slate legislation.
3. The Police Vetting Service may disclose newly-obtained relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
 - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - The Police Vetting Service has taken steps to confirm that the purpose of the Police vet still exists – e.g. that I got the role which required a Police vet and am still employed or engaged in it.The Vetting Service will endeavour to notify you prior to the disclosure.
4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

For further information, please see the [Guide to Completing the Consent Form](#).

Applicant's Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability at any time.

Name: _____ Date: _____

Signature: _____ Electronic Signature ☐