

**APPLICATION COVERSHEET -
for a Biosecurity Authority/Clearance Certificate (BACC)**



To: MAF Quarantine Service (select from drop-down list): _____ (for locations see p3)

AGENTS DETAILS: _____ NO. OF PAGES: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

CONSIGNMENT DETAILS:	#	Commodity/Species	Quantity/ Units	Measure (Kg / /M³)
NAME OF IMPORTER: _____	1			
NAME OF EXPORTER: _____	2			
VESSEL _____	3			
VOY/FLIGHT: _____	4			
SHIPPING CO/AIRLINE: _____	5			
	6			
	7			

COUNTRY OF ORIGIN: _____	#	Container #s: (use continuation sheet if req.- pg 2)	FCL	LCL
DATE OF ARRIVAL: _____	1		<input type="checkbox"/>	<input type="checkbox"/>
BL / AWB: _____	2		<input type="checkbox"/>	<input type="checkbox"/>
HAWB: _____	3		<input type="checkbox"/>	<input type="checkbox"/>
PORT OF DISCHARGE: _____	4		<input type="checkbox"/>	<input type="checkbox"/>
DESTINATION: _____	5		<input type="checkbox"/>	<input type="checkbox"/>
	6		<input type="checkbox"/>	<input type="checkbox"/>
	7		<input type="checkbox"/>	<input type="checkbox"/>

EDI TARIFF CODE(s) – if applicable: _____

DOCUMENTATION SUPPLIED: Bill of lading/AWB Relevant invoices
 Compliance Agreement Import Permit IHS
 Compliance Check Completed Certificates Quarantine Declaration

Other (Please state): _____

TRANSITIONAL FACILITY- FOR DEVANNING/INSPECTIONS:

TREATMENT SUPPLIER (if req.): _____

CHARGE DETAILS. Payment will be made by: Account (QE) Cash Cheque

Account Holder: _____ **QE #** _____ **REF / JOB NO:** _____
(To appear on invoice)

Importer/Agent Co Name: _____ **Phone:** _____

I confirm that the information given is correct and MAF has the authority to charge the above account holder, who accepts all MAF charges associated with this consignment. Should I/my company request a duplicate BACC for this consignment, then I/my company will be charged for that. I/my company understand that this Application Coversheet will be returned by MAFQS if insufficient information has been supplied.

Full Name: _____ Signature: _____ Date: _____

BACC Applications can be made at the following MAF Quarantine Service Worksites:

<p>Whangarei 35 Norfolk Street PO Box 503 Kensington Whangarei Ph (09) 430 7848 Fax (09) 430 7849</p>	<p>Auckland Wharf 23 Quay Street P O Box 39 Auckland City Ph (09) 303 3423 Fax (09) 300 3206</p>	<p>Auckland City Custom House 50 Anzac Avenue P O Box 1254 Auckland City Ph (09) 377 3008 Fax (09) 307 0124</p>	<p>Auckland Air Cargo Ogilvie Crescent Air Cargo Terminal 1 P O Box 53 066 Auckland Int'l Airport Ph (09) 256 6437 Fax (09) 256 0452</p>
<p>Hamilton Campbell Block Ruakura Research Centre East Street PO Box 966 Ph (07) 856 1814 Fax (07) 856 1827</p>	<p>Tauranga Ociana House 124 Hull Rd P O Box 5152 Mt Maunganui Ph (07) 575 6712 Fax (07) 575 8962</p>	<p>Gisborne 96 Oak St PO Box 646 Gisborne Ph (06) 867 6888 Fax (06) 867 6889</p>	<p>New Plymouth 330-332 Devon St East PO Box 794 New Plymouth Ph (06) 759 1670 Fax (06) 759 1670</p>
<p>Napier Dalton House Cnr Hastings & Vautier St P O Box 348 Napier Ph (06) 835 4229 Fax (06) 835 9125</p>	<p>Palmerston North Palmerston North International Airport Mezzanine Floor PO Box 5256, Terrace End Palmerston North Ph (06) 351 7951 Fax (06) 351 7952</p>	<p>Wellington Saturn House Centreport Waterloo Quay P O Box 3042 Wellington Ph (04) 473 8996 Fax (04) 473 2975</p>	<p>Nelson Port Nelson Building 10 Low St Port Nelson P O Box 7041 Nelson Ph (03) 545 7774 Fax (03) 545 7775</p>
<p>Christchurch 14 Sir William Pickering Dr Private Bag 4765 Christchurch Ph (03) 358 1856 Fax (03) 358 1854</p>	<p>Timaru Maritime House Marine Parade Port Of Timaru P O Box 516 Timaru Ph (03) 684 2615 Fax (03) 688 9181</p>	<p>Dunedin Cnr Portsmouth Dr & Strathallen Street P O Box 5648 Dunedin Ph (03) 477 8457 Fax (03) 477 8453</p>	<p>Invercargill 137 Spey Street Private Bag 90101 Invercargill Ph (03)214 4029 Fax (03)214 4325</p>