



# Offshore Treatment Providers - Application Form

## Section A: General information

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<b>Purpose of this application</b>	<p>For treatment providers to apply for the Ministry of Primary Industries (MPI) approval to provide Offshore Treatments.</p> <p>Note: For companies with multiple branches, a separate application form must be submitted</p>
<b>Before applying, visit the website to view the relevant information</b>	<p><a href="https://www.mpi.govt.nz/importing/other/vehicles-and-machinery/">https://www.mpi.govt.nz/importing/other/vehicles-and-machinery/</a></p> <p><a href="https://www.mpi.govt.nz/law-and-policy/requirements/import-health-standards/">https://www.mpi.govt.nz/law-and-policy/requirements/import-health-standards/</a></p>
<b>Your application must include</b>	<p>A completed and signed application.</p> <p>Additional documentation for each applicable treatment method, as detailed in Section E of this form.</p>
<b>Submit your application</b>	<p>Via email, to: <a href="mailto:standards@mpi.govt.nz">standards@mpi.govt.nz</a></p>
<b>After you apply</b>	<p>MPI will acknowledge receipt of your application via email.</p>

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**Company Name:** Please provide evidence of being a registered or bona fide company as well as registration number if part of an existing scheme.

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**Physical Address of the Company**

Street address \_\_\_\_\_

\_\_\_\_\_

Suburb/town/city _____	State _____	Postcode _____
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Country \_\_\_\_\_

**Address of treatment facility if different:**

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**Postal address**

If same as above

PO box/street address \_\_\_\_\_

\_\_\_\_\_

Suburb/town/city _____	State _____	Postcode _____
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Country \_\_\_\_\_

**Email address** \_\_\_\_\_

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**NOTE: By submitting this application form, you agree to MPI publishing your company details on its website.**

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## Section C: Management

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**Declarant** (authority to sign this application)

Title _____	First name _____	Last name _____
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Job title \_\_\_\_\_

Work phone _____	Work mobile phone _____
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Work email \_\_\_\_\_

## Section D: Type of Treatment/s

Which types of treatments will your company conduct?

Heat Treatment

Methyl Bromide Fumigation (non-European applicants only)

Sulfuryl Fluoride Fumigation

Other Treatment:

## Section E: Documentation

### Documentation required with applications

Category	Documentation required
Fumigant supply	The company's most recent proof of purchase records if fumigating.
Equipment	<p>Details of the type of enclosures and their size typically used during fumigations (e.g. un-sheeted containers; sheeted containers; chamber; sheeted stack).</p> <p>Evidence of ownership of (or ongoing access to) the following equipment:</p> <ul style="list-style-type: none"> <li>• Suitable Vaporiser/Volatizer and heat source (only required for methyl bromide).</li> <li>• Fumigation sheets impervious to the fumigant (where sheeted containers or sheeted stacks are used)</li> <li>• The appropriate number (as specified in the scheme) of concentration sampling tubes, fumigant supply pipes and fans</li> <li>• Leak detection equipment that can detect the fumigant concentrations down to at least 20 ppm</li> <li>• Enclosure concentration measuring instrument/s that are fit for purpose</li> <li>• Threshold Limit Value – Time Weighted Average (TLV-TWA) measuring equipment that can measure the concentration of the fumigant in the range of 1 to 20 ppm</li> <li>• Pressure test equipment (if fumigations are conducted in permanent fumigation chambers).</li> <li>• Current calibration certification for all electronic equipment, including (but not limited to) fumigant monitoring equipment, electronic leak detection equipment, electronic TLV-TWA measuring equipment, and electronic scales (where used).</li> </ul> <p>Details of the heat treatment method typically used for treatments (e.g. forced dry air; humidity controlled forced air/variable humidity treatment).</p> <p>For heat treatment: Evidence of ownership of, or ongoing access to, the following equipment:</p> <ul style="list-style-type: none"> <li>• Heat treatment chamber that has adequate heat sources to raise and maintain the temperature of the chamber to the required treatment temperature</li> <li>• The appropriate number (as specified in the scheme) of temperature measuring sensors, each of which are capable of measuring the range between 0°C and 100°C, to an accuracy of within + or - 0.5°C</li> </ul>

	<ul style="list-style-type: none"> <li>• Humidity sensors (note: only applies to companies using the humidity controlled forced air/variable humidity treatment method).</li> <li>• Current calibration certification for all electronic equipment, including (but not limited to) temperature monitoring sensors and humidity sensors (where used).</li> <li>• Normal placement locations of temperature sensors.</li> </ul> <p>For other treatments please supply details of the treatment method typically used.</p>
Procedures/Manuals	Please supply any procedures or manuals used for any of the official treatments.
Other Programs	<p>Evidence that the treatment provider/s operates under a relevant stewardship program such as either the:</p> <ul style="list-style-type: none"> <li>• Douglas Products Sulfuryl Fluoride Stewardship Program <i>or</i></li> <li>• Colkim Sulfuryl Fluoride Stewardship Program <i>or</i></li> <li>• Ensystem Sulfuryl Fluoride Stewardship Program.</li> </ul> <p>Evidence should include:</p> <ul style="list-style-type: none"> <li>• Certificate/evidence of completion of the stewardship program training (including the date and place of completion)</li> <li>• Certificate/evidence of completion of any subsequent refresher training (where applicable).</li> <li>• Appropriate Chemical license or registration if applicable.</li> </ul> <p>Documentary evidence if the company is included on the countries Approved List of Treatment Facilities for Plant Protection and Quarantine treatments, AFAS, ICCBA or ISPM 15.</p> <p><b>Note:</b> Companies that are not on a list are still eligible for registration under the scheme.</p>

## Section F: Declaration

To be submitted by the Declarant, listed in section C of this application.

I declare that:

- The information I have provided is true and correct.
- The company listed in Section B of this application agrees to meet the MPI Treatment Requirements.

Signature (type or sign your name)	Date (dd/mm/yyyy)
_____	_____
Full name _____	