

TRANSPORTATION VEHICLE CLEANING DECLARATION

I have verified that the vehicle outlined in the detail below has been cleaned and/ or disinfected in accordance with MPI and Biosecurity New Zealand requirements.

Name	Signature	Date

Driver's name	
Company name	
Cleaning site	
Truck registration	
Permit number	
Processing plant	

Type of movement (tick one)

Notice of Direction

Restricted Place

Photos have been taken to support verification (optional for on-site truck wash)

Yes

No

FOR NOTICE OF DIRECTION MOVEMENTS ONLY:

Wash	<input type="checkbox"/>
------	--------------------------

FOR RESTRICTED PLACE MOVEMENTS ONLY:

Wash	<input type="checkbox"/>
Disinfectant	
Concentration used	
Duration of disinfectant contact time	



Biosecurity New Zealand

Ministry for Primary Industries

Manatū Ahu Matua

This form must be retained by the transport company and provided to MPI on request.