

AUTHORITY TO MOVE UNCLEARED BIOSECURITY RISK GOODS

Authorised under section 25 of the Biosecurity Act 1993 for the movement of uncleared risk goods that are herbaria specimens held in containment facilities approved to the MPI /EPA Standard for Containment Facilities for Plants: 2007 (155.04.09).

** The goods being moved are subject to all conditions specified in the original Import Permit. Ensure you are aware of these 1**

All applicable parts of the form must be completed.

Email this completed & signed form to containment.transfers@mpi.govt.nz

Uncleared Biosecurity Risk Goods				
Description & Quantity of Goods ² :				
Applicable HSNO Approval Number(s):				
Applicable BACC Number(s):				
Applicable MPI Import Permit Number(s):				
CTO Permission(s) (if applicable):				
Single or Multiple Movement ³ :				
Movement Details				
Start Date of Movement:		Final Date of Movement:		
Intended Method of Transport & Management of Biosecurity Risks ⁴ :			i	
Purpose of Movement (teaching, research, display, if applicable):				
Sending Facility				
Applicant Name:		Email:	il: Phone Number:	
Facility Name:			MPI Facility Number:	
Department (if applicable):			Relevant Facility Standard Approved to:	Plants (155.04.09)
			/ 11	
Facility Operator:				
Facility Operator: Authorised Signatory Name ⁵ :		Date:	Signature:	
		Date:		
		Date:		
		Date:		
Authorised Signatory Name ⁵ : Receiving Facility (NOTE: If		oved temporarily t	Signature: o a non-MPI approved facility, please prov	
Authorised Signatory Name ⁵ : Receiving Facility (NOTE: If	the items are being more the items are being more the second second second second second second second second s	oved temporarily t n the following se	Signature: o a non-MPI approved facility, please prov ction)	ride the additional
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Authorised Signatory Name ⁵ : Receiving Facility (NOTE: If Ir Receiving Person's Name: Facility Name: Department (if applicable): Facility Operator (Not Required for Export): Additional Information for Moveme Name of Person in Charge of Specim Date(s) of Movement & Return:	nformation requested i nt of Herbaria Specime ens ⁶ : e Facility:	oved temporarily t n the following se Email:	Signature: o a non-MPI approved facility, please provention) Phone N MPI Facility Number: (Not Required for Export) Relevant Facility Standard Approved to: (Not Required for Export)	ride the additional

Growing and Protecting New Zealand Movement

Movement authority#



	agree to receive the uncleared risk goods named in this authorisation and comply with the regulatory requirements in accordance ith this authorisation and the relevant facility standard. (Not required for Export)						
Receiving Facility Authorised Signatory Name ⁵ :	Date:	Signature:					
Facility To Be Charged							
Facility Name:	MPI Facility Number:	Purchase Order#					

Important Information

- 1. In order to inform the receiving facility of the conditions specified in the original Import Permit, a copy of the Import Permit and BACC should accompany the consignment or be sent to the receiving facility separately. It is the responsibility of the Operator of the receiving facility to ensure that the risk goods being received are held subject to the conditions specified in the original Import Permit.
- 2. Sufficient information must be provided to describe the nature and quantity of the herbaria specimens being moved, including scientific name(s), individual identifier(s) and number of vials/containers etc.
- 3. This form may be used for one-off (single) movements or multiple movements of the named uncleared risk goods. It is not necessary to name the number of multiple movements that may occur.
- 4. The New Zealand National Herbarium Network (NZ NHM) Standard for Shipping of Dried Herbarium Specimens can be located at the following web address: https://www.landcareresearch.co.nz
- 5. 'Authorised Signatories' are persons that have been authorised by the facility operator to sign movement request authorities and have been approved as such by MPI. Authorisation must be in writing, have been accepted as such by MPI, and recorded in the facility documentation prior to receipt of movement authority requests.
- 6. If the movement is to a non-MPI approved facility, please identify the person who is in charge of the facility and who has given authority to the person in charge of the specimens for their containment and management.
- 7. The description of containment measures must include details of onsite containment, storage, access and security, supervision if being handled and manipulated etc.

Conditions

- A. No movement of risk goods must be initiated prior to receiving MPI approval.
- B. A copy of this form & the applicable HSNO approval controls must accompany the specimens during movement.
- C. The goods being moved are subject to all conditions specified in the original Import Permit and relevant HSNO approval. The HSNO approval must be checked for additional measures which may be specified by the Authority (e.g. for additional packaging requirements, transfer approval, or limits on the particular facilities that are approved to hold the new organisms).
- D. The method of transport must ensure the containment of the risk good(s) in accordance with packaging instruction 650 of the IATA Dangerous Goods Regulations, as specified in Standard 155.04.09 and the NZ NHM standard for shipping of dried herbarium specimens⁴.
- E. Packages of uncleared risk goods that have been moved under this authorisation must only be opened within the receiving facility.
- F. If the specimens are being moved to a non-MPI approved facility, they must be returned to the sending facility by the specified return date.
- G. The MPI Supervising Inspector of the sending facility must be notified upon return of the specimens.
- H. All conditions of the authorisation must be complied with. Compliance will be subject to verification by MPI.
- I. Failure to comply with this authorisation, or any part(s) of it, is an offence under section 154(N)(6) of the Biosecurity Act 1993 and may be subject to penalties under that Act.

Additional Conditions:

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	Your application is:	APPROVED /	DECLINED	Movement Authority #:	
MPI USE	Inspector Name:	Date:		Chief Technical Officer Name: (Only for transfers of plants with containment requirement of PC3 or above).	
ONLY	Signature:				
				Signature:	Date:

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