

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 living modified organisms, held in containment facilities in New Zealand, in accordance with the requirements of the Imports and Exports (Living Modified Organisms) Prohibition Regulations 2005.

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

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 ¹ :									
HSNO Approval Number(s):									
BCH Number(s) ² :									
Single or Multiple Movement ³ :									
Movement Details									
Start Date of Movement:				Final Date	of Movement:				
Intended Method of Transport & Management of Biosecurity Risks:			·						
Purpose of Export ⁴ :									
Sending Facility									
Applicant Name:	Email:			Phone Num	ber:				
Facility Name:			MPI Facility	VNumber:					
Department (if applicable):			Relevant Fa	acility Standa	ard Approved to:				
Facility Operator:									
Declaration: I agree to comply with the regulatory requirements in accordance with this authorisation:									
Authorised Signatory Name ⁵ :			Date:		Signature:				
Receiving Facility/Organisat	ion								
Receiving Person's Name:		Email:			Phone Num	ber:			
Facility/Organisation Name:			Departmen	t (if applicable):					
Easility/Organization Address (including Country):									
Facility/Organisation Address (including Country):									
Facility To Be Charged									
Facility Name:		MPI Facility Numb	ber:		Purchase Order#				

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Important Information

- 1. Sufficient information must be provided to describe the nature and quantity of the organisms being moved, including scientific name, individual identifier, genetic modification, number of vials/containers and whether it is a human pharmaceutical etc.
- 2. In the absence of the Biosafety Clearing House (BCH) number(s), the HSNO approval number(s) for each organism will suffice.
- 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. Under the Imports and Exports (Living Modified Organisms) Prohibition Regulations 2005, the purpose of export is restricted to 'contained use', unless otherwise permitted by the Minister for the Environment. Consequently, you must confirm the purpose or provide evidence of permission from the Minister for the Environment for another purpose specified in the aforementioned Regulations.
- 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.

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 goods during movement.
- C. The goods being moved are subject to all conditions specified in the original Import Permit and relevant HSNO approval.
- D. The method of transport must ensure the containment of the risk good(s) in accordance with AS/NZS 2243.3, & the IATA Dangerous Goods Regulations/Live Animal Regulations, where applicable.
- E. Packages/consignments must be labelled with sender's and receiver's contact details and the nature of the contents.
- F. Packages/consignments of goods that have been moved under this authorisation must only be opened within the receiving facility.
- G. All conditions of the authorisation must be complied with. Compliance will be subject to verification by MPI.
- H. 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:

MPI	Your application is:	APPROVED	Ι	DECLINED	Movement Authority #:		
USE ONLY	Inspector Name:				Date:		
	Signature:						

