

Application for Changes to a National Programme

THIS FORM MUST BE USED WHEN:

Operators of food business subject to national programme must notify their registration authority of any significant changes to circumstances. A significant change includes, any change submitted as part of the registration including

- Change to name and business address
- Change in the trading name of the food business or change of address
- Change to the scope of operation
- Change to the verifier of verification agency that will carry out the verification functions
- Changes to a multisite or creating a multisite
- A voluntary suspension under Section 92 of the Food Act 2014
- A surrender of Registration under Section 98 of the Food Act 2014
- If you only want a **replacement certificate** (where certificate has been lost or destroyed), you don't need to submit this form. Simply email environmentalhealth@qldc.govt.nz to request a new copy of your certificate. QLDC will email you a copy, so make sure you keep us up-to-date with your current email address

Before you start let's check that you have everything you need:

- Your current **QLDC registration ID** on hand.
- A copy of any **new or changed site plans**
- If the change relates to your scope of operations, a **description of how your business scope of operations has changed** (clearly marked additions and/or deletions).
- If you are changing verification agency, a copy of the **confirmation letter from your new verification agency**.
- If your business has changed name, and is a registered limited liability company, a copy of the **new company registration certificate**, and your New Zealand Business Number (NZBN).
- If you are altering, changing, adding or removing addresses where food is handled, you need to make sure you have the **address information**. A spreadsheet of the sites' information attached to your application is acceptable.

TABLE OF CONTENTS

SECTION 1: Current QLDC Registration ID	2
SECTION 2: Do you want to surrender your registration?.....	2
SECTION 3: Do you want to voluntarily suspend your registration?	3
SECTION 4: Do you want to change any of your registration details?	3
SECTION 4a: Change of Operator Details	4
SECTION 4b: Change of Verification Agency.....	5
SECTION 4c: Change of Scope Operations.....	5
SECTION 4d: Other Changes	5
SECTION 4e: Multiple Address Details for Multi-Sites.....	6
SECTION 5: Applicant Declaration	7
SECTION 6: Fees & Payments	8
SECTION 7: Final Check before your submit your Change Request to QLDC	9

SECTION 1: CURRENT QLDC REGISTRATION ID

Please provide your Current QLDC Registration ID below and then continue to section 2.

Current QLDC Registration ID

(Complete in all Cases)

Click here to enter current registration number e.g. QLD001234

SECTION 2: DO YOU WANT TO SURRENDER YOUR REGISTRATION?

- YES** – Please provide Surrender Date below and then proceed to [Section 7 – Notification Declaration](#).
- NO** – Go straight to Section 3

Surrender Date

(Notification of surrender of registration of a National Programme is required under section 98 of the Food Act 2014)

I wish to surrender the registration in relation to the registration ID referred to in Section 1 as at date:

Surrender Date: Click here to enter a date. (dd/m/yyyy)

Please complete Section 7- Notification Declaration before you send this form to QLDC

SECTION 3: DO YOU WANT TO VOLUNTARILY SUSPEND YOUR REGISTRATION?

- YES** – Please provide Suspension details in table below
- NO** – Go straight to [Section 4](#)

Voluntary Suspension

Businesses operating registered National Programmes may voluntarily suspend their registration for a minimum of 3 months, and a maximum of 12 months, under section 92 of the Food Act 2014. QLDC will issue confirmation of suspension

I wish to suspend the registration in relation to the registration ID referred to in Section 1 until the following date (must be a minimum of 3 months, and a maximum of 12 months):

Suspension Start Date: Click or tap to enter a date. (dd/mm/yy)

Suspension End Date: Click or tap to enter a date. (dd/mm/yy)

I wish to suspend the following operations (tick one):

- All operations:** or
- Certain operations as described below** (or attach additional pages)

[Click here to enter details of operations to be suspended](#)

SECTION 4: DO YOU WANT TO CHANGE ANY OF YOUR REGISTRATION DETAILS?

- YES** – Please provide details of all applicable changes in the following section 4a-4e.
- NO** – Go straight to [Section 5](#)

Change Category	Section	Fee
Change in Operator Details	<input type="checkbox"/> Go to Section 4a	Part 1 & 2- \$125 Part 3- no charge
Change of Verification Agency	<input type="checkbox"/> Go to Section 4b	\$65
Change of Scope of Operations	<input type="checkbox"/> Go to Section 4c	\$125
Other change	<input type="checkbox"/> Go to Section 4d	Confirmed when you apply
Changes to a Multisite Registration	<input type="checkbox"/> Go to Section 4e	\$125

Application for Changes to National Programme

SECTION 4a: Change of Operator Details	
<i>(Complete only the details that have changed within Part 1, Part 2 and Part 3)</i>	
Part 1: Change of Trading Site Details	
Legal Name(s) of Operator (e.g. registered company, partnership or individual):	<i>Current Operating Name:</i> Click here to enter your text <i>New Operator Name:</i> Click here to enter your text
New Zealand Business Number (NZBN)	Click here to enter your text
Trading Name, if any (i.e. 'Trading As'):	<i>Current Trading Name:</i> Click here to enter your text <i>New Trading Name:</i> Click here to enter your text
Part 2: Change of Business Address Details	
<i>If the address is a dwelling house, you may ask that the address is withheld from the public register by ticking the box below.</i>	
Postal Address	Physical / Courier Address (if different to Postal Address)
Address: Click here to enter your text Town/City: Click here to enter your text Postcode: Click here to enter your text Country: Click here to enter your text <input type="checkbox"/> This address is a private dwelling house and I wish it to be withheld from the public register	Address: Click here to enter your text Town/City: Click here to enter your text Postcode: Click here to enter your text Country: Click here to enter your text <input type="checkbox"/> This address is a private dwelling house and I wish it to be withheld from the public register
Part 3: Email and Mobile Number Change:	
<i>Email: (By entering email you consent to being sent information electronically if required)</i>	
<i>Telephone Number Note: These details must be for the authorized operator and will be used for all correspondence including appointments, reports, registration documentation, formal notices and further details required by QLDC.</i>	
Email	<i>Current Email Address:</i> Click here to enter your text <i>New Email Address:</i> Click here to enter your text
Mobile Phone Number	<i>Current Phone Number:</i> Click here to enter your text <i>New Phone Number:</i> Click here to enter your text

SECTION 4b: Change of Verification Agency

Name of New Verification Agency(s): [Click here to enter your text](#)

Note: QLDC may contact your verification Agency directly to clarify any issues related to your registration

- I have attached a copy of the letter confirming my nominated Verification Agency (s) will provide verification services for my registration.
- The current recognized agency responsible for verification activities has been informed of the intention to change agencies: and,
- An agreement has been made with the new recognized agency to allow them to undertake verification functions in respect of the registered food control plan; and
- There are no outstanding corrective actions under the current recognized agency contracted to verify this risk management program; OR
- Agreement has been obtained from the recognized agencies concerned and/or MPI to allow the transfer of any outstanding corrective actions; and
- Agreement has been reached between the recognized agencies concerned in respect to the transfer of any information and associated files directly relating to verification activities undertaken prior to the change

SECTION 4c: Change of Scope Operations

The Scope of Operations tells us about what you do so it is important to keep us updated about any changes. Please select one of the options below for what information you are providing. A Scope of Operations form is available online at <https://www.mpi.govt.nz/food-safety/food-act-2014/my-food-rules/>

- I have attached a completed Scope of Operations form providing a description of how my business scope of operations has changed (clearly marked additions and/or deletions); or,
- I have attached a written description of how my business Scope of Operations has changed. This includes all of the following:
 - The Food Act sectors I operate in – for example, retail, food service, manufacturing
 - My products – the type of food I make or sell
 - Processes – how I make my food
 - Trading Operations – how and where I sell my products

SECTION 4d: Other Changes

If your change is not on the list, please describe it here. Attach additional pages if necessary.

[Click here to enter your text](#)

Application for Changes to National Programme

SECTION 4e: Multiple Address Details for Multi-Sites – Please note that National Programmes cannot under the Food Act have multiple business owners the registration must be specific to one business.

Add additional pages if necessary, or attach a file (e.g. spreadsheet) to your application email with all of the information required below. Indicate if the address is an addition, a removal or a change to existing site. Attach site plans for any new or changed sites.

Requested Change <i>Tick as applicable</i>	Legal name (s) of site operator (e.g. registered company, partnership or individual) (Tick box to confirm company registration certificate is attached for any Limited Liability Companies)	NZ Business Number	Site trading name, if any (i.e. 'Trading As')	Street/Physical Address (location of actual place) (Tick box if you wish the address to be withheld from the public register because it is a private dwelling house)	Site day-to-day manager position
<i>Tick as applicable</i>	<i>E.g. ABC Foods Limited</i> <input checked="" type="checkbox"/>	<i>Where applicable</i>	<i>E.g. Yummy CakesRUs, Wellington Store</i>	<i>E.g. 123 Cakes Road, Faketown 1234</i> <input checked="" type="checkbox"/>	<i>E.g. Store Manager</i>
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	Click to enter Legal name <input type="checkbox"/> <i>Certificate Attached</i>	Click to enter NZ Business Number	Click to enter Trading name <input type="checkbox"/> <i>Same as legal name</i>	Click to enter address <input type="checkbox"/> <i>Address to be withheld from register</i>	Click to enter manager position
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	Click to enter Legal name <input type="checkbox"/> <i>Certificate Attached</i>	Click to enter NZ Business Number	Click to enter Trading name <input type="checkbox"/> <i>Same as legal name</i>	Click to enter address <input type="checkbox"/> <i>Address to be withheld from register</i>	Click to enter manager position
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	Click to enter Legal name <input type="checkbox"/> <i>Certificate Attached</i>	Click to enter NZ Business Number	Click to enter Trading name <input type="checkbox"/> <i>Same as legal name</i>	Click to enter address <input type="checkbox"/> <i>Address to be withheld from register</i>	Click to enter manager position
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	Click to enter Legal name <input type="checkbox"/> <i>Certificate Attached</i>	Click to enter NZ Business Number	Click to enter Trading name <input type="checkbox"/> <i>Same as legal name</i>	Click to enter address <input type="checkbox"/> <i>Address to be withheld from register</i>	Click to enter manager position

SECTION 5: APPLICANT DECLARATION

Please read and sign the applicant declaration below:

Applicant Declaration			
<i>We accept PDF or scanned versions of signatures</i>			
I can confirm that:			
<ol style="list-style-type: none"> 1. I am authorized to make this application as the operator or a person with legal authority to act on behalf of the operator, or on behalf of the operators listed in section 4e 2. The information supplied in this application is truthful and accurate to the best of my knowledge; and 3. Every operator of the food businesses covered by the National Programme is a resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD 2(2)) of the Income Tax Act 2007; and 4. Every operator of the food businesses covered by the National Programme is able to comply with the requirements of the Food Act 2014. 			
Name	Click here to enter your text	Job Title	Click here to enter your text
Signature		Date	Click or tap to enter a date.

SECTION 6: FEES & PAYMENTS

Fee Schedule	Section	Fee
Change in Operator Details Surrender of Registration	<input type="checkbox"/> Go to Section 2	No charge
Voluntary Suspension	<input type="checkbox"/> Go to Section 3	\$65
Change in Operator Details	<input type="checkbox"/> Go to Section 4a	Part 1 & 2- \$125 Part 3- no charge
Change of Verification Agency <i>(Option available for Template Food Control Plan operators with base in QLDC but operating outside of this district)</i>	<input type="checkbox"/> Go to Section 4b	\$65
Change of Scope of Operations	<input type="checkbox"/> Go to Section 4c	\$125
Other change	<input type="checkbox"/> Go to Section 4d	Confirmed when you apply
Changes to a Multisite Registration	<input type="checkbox"/> Go to Section 4e	\$125

Payments

Payment Options: Payments comprising multiple fees must be supported by a remittance advice. Please attach you advice to this application or send it separately to: accounts@qldc.govt.nz

Tax Invoice: On payment a tax invoice will be generated

Payment must be made using one of the following methods.

(Please tick and fill on the appropriate section)

Direct Credit:

1. Direct Payments can be made to: BNZ Queenstown: **02-0948-0002000-00**
2. In the 'Reference' details, put the code: **'Food Act (your trading name)'**
3. Enter the date of the deposit and your name (payee) on this form below

Date of Deposit:

Your Name (Payee):

Credit Card:

1. Tick the type of card you wish to use:
 - a. Visa
 - b. MasterCard
2. Fill in the card details below:

Card Number:

Name on Card:

Expiry Date:

SECTION 7: FINAL CHECK BEFORE YOUR SUBMIT YOUR CHANGE REQUEST TO QLDC

To submit this Change Request form:

- Ensure that all applicable sections of this form have been completed. If you have any troubles downloading or filling out the Word file please let us know
- Email the completed form, along with all supporting documentation files to environmentalhealth@qldc.govt.nz
- The Environmental health team will be in touch to confirm receipt of this change request and to verify that your changes have been accepted into our system

YES	N/A	Before emailing please ensure you have:
<input type="checkbox"/>	<input type="checkbox"/>	Attached documentation to confirm significant changes.
<input type="checkbox"/>	<input type="checkbox"/>	Attached a letter from your new verification agency, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	Attached copies of company registration certificates for any new or changed limited liability companies, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	Attached a new description of your scope of operations, if applicable
<input type="checkbox"/>		Read and signed either Applicant Declaration
<input type="checkbox"/>		Completed your fee payment (unless surrendering)

In addition to advising QLDC of the changes to your registration, please also ensure that you have reviewed the related National Programme Guidance documents and reviewed and updated any systems and processes for Food Safety including your training plans.