

Please produce this Sea Container Declaration on your own Exporter or Packer Letterhead.
Please complete the form and delete options for answers that do not apply.

SEA CONTAINER QUARANTINE DECLARATION FOR NEW ZEALAND Cleanliness, Restricted Packaging and Wood Packaging Declaration	
Container Number(s): Vessel Name: Voyage Number(s):	
1. Cleanliness: At the time of packing, was the container(s) inspected internally and externally, and found to be clean and free from contamination with animal material, live organisms, plant material, soil, and water?	Yes or No (delete option not applicable)
2. Restricted Packaging Materials: Has any chaff, hay, moss, soil, peat, straw, used sacking material, used tyres, or any packing material contaminated with the above been used within the container/s listed above?	Yes or No
3. Wood Packaging: Has any wood packaging been used within the container/s such as cases, crates, pallets, or wood, used to separate, brace, protect, or secure the cargo? (If packaging is made with material exempt from ISPM-15 requirements such as Plywood or Medium Density Fibreboard, please answer no)	Yes or No
3a. If the answer to Question 3 is "Yes", has the wood been ISPM-15 treated/marked? Note: Certification is not required for ISPM-15 treated/marked wood packaging.	Yes, No or Not Applicable
3b. If the answer to Question 3a is "No", has the wood been treated in another way and certified as per the Import Health Standard? If the wood was treated, how was this done? If a treatment certificate was provided, it must be attached to this form.	Yes, No or Not Applicable
4. Date Container is Sealed (where applicable)	
Important Guidance Information for Containers that Require Treatment Containers that require treatment, either for the contents or the container itself, should be packed with sufficient space for the appropriate treatment to be effective and compliant, please contact your Treatment Provider to discuss packing requirements for the treatments.	
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT Signed: _____ Date: _____ Name and Position in Company: Address:	
Note: Failure to supply this information, or supplying erroneous information, may result biosecurity clearance being delayed; is likely to result in increased costs during MPI management processes in New Zealand.	