Please produce this Sea Container Declaration on the 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 applying)
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** (delete option not applying)
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?	**Yes** or **No** (delete option not applying)
3a. If the answer to Question 3 is "**Yes**", has the wood been ISPM-15 treated/marked or is the packaging made from material exempt from these requirements (such as Plywood or Medium Density Fibreboard)? **Note: Certification is not required for ISPM-15 treated/marked wood packaging.**	**Yes** or **No** (delete option not applying)
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** (delete option not applying)
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:

Name and Position in Company:

Address:

Date:

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.