

Grower Declaration

Ref: New Zealand/Fiji Bilateral Quarantine Agreement (BQA) Export of Approved Varieties from Fiji to New Zealand.

Indicate the type of application	n being made (Please tick	k box)					
New	Renewal		Amendment				
Exporter Name:							
Grower Name:							
Physical Location:							
Postal Address:			Phone:				
Mobile:			Fax:				
at the above location for sup	oplying to		(Grower Name)	am gro	owing the following crop or (Expor	n my farm, ter Name	
Signature of Grower: Date:			-	E	KPORTER STAMP		
MOA EXTENSION DIVISION	: Verification and Recom	mendatio	n				
Variety (weeks/months)	Area/No. of trees	Actua	al Supply (Wkly kg)	Dur	ation Harvest		
Production Site			Fruit Fly Monitoring (If Applicable)				
Field Control Measures:			Cue & ME traps:				
Field Hygiene:			Host crops present:				
Comments:		Stam	Stamp/Seal				
DOA Extension Officer:					Date:		
DOA Senior Extension Officer:					Date:		
Recommended /Not Recom							

Biosecurity Authority of Fiji Officer Check					
BAF Verifying (Comments):					
Name:					
Signature:	Date:				
Biosecurity Authority of Fiji Approval					
BAF BQA Export Systems Coordinator:					
Signature:	Date:				
Block Location Plan					
Grower Name:					
The plan is to include the following:					

- Road access including street or road name where applicable
- 2. Internal roadways
- 3. The location and identification (if applicable) of building or other structures close to the block that will be planted and other host crops.