

BALLAST WATER DECLARATION: PART 1
TO BE COMPLETED FOR ALL VESSELS ARRIVING IN NEW ZEALAND

Vessel's Name:	Arrival Date:	Arrival Port:	Inspector's Name:
BALLAST WATER			
1 Are you carrying ballast water?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO go to question 5	
2 List any tanks loaded with ballast water in Port Phillip Bay, Victoria or Tasmania.	List Each Tank Number and Type (see codes below):		
3 How will you comply with NZ's ballast water controls. (See NZ Import Health Standard for Ballast Water from all Countries.) Check the box indicating how you will comply	(A, B or C) below.		
A. Not discharging any ballast water in New Zealand waters.	<input type="checkbox"/>		
B. Exchanging the ballast water mid-ocean in all tanks that are to be discharged in New Zealand waters. Indicate whether flow-through or empty/refill technique was used. Note: Flow-through requires 3 times the tank capacity to be pumped through the tank.	<input type="checkbox"/>	Flow-through <input type="checkbox"/>	or Empty/refill <input type="checkbox"/>
C. Discharging only fresh water. State when and where the water was loaded.	<input type="checkbox"/>	Date loaded:	Port or Position:
4 If you cannot comply, check the box (A &/or B) indicating the reason(s). Give details.			
A. Vessel is not physically capable of either empty/refill or flow-through exchange	<input type="checkbox"/>	Specify Details:	
B. Exchange would have caused unacceptable risk to crew or vessel due to weather conditions	<input type="checkbox"/>	Specify Details:	
CLEANING: SEDIMENTS			
5 Do you intend to discharge sediment or other debris from ballast tanks/holds (excluding normal deballasting), anchors, chains or chain lockers in New Zealand waters? If YES, state when and where.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:	Port or Position:
<i>Please note that sediments must be discharged into an approved landfill.</i>			
CLEANING: HULL FOULING			
6 When and where was the vessel last dry-docked and cleaned?		Date:	Port or Position:
7 Has the vessel been laid-up for 3 months or more since it was last dry-docked and cleaned? If YES, state when and where.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: Started: Date: Finished:	Port or Position:
8 Do you intend to clean the hull of the vessel in New Zealand? If YES, state when and where.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:	Port or Position:
Ballast tank codes: Upper=U, Lower=L, Forepeak=FP, Aftpeak=AP, Double Bottom=DB, Deep Tank=DT, Wing Tank=WT, Topside=TS, Cargo Hold=CH, Other (specify), Port=P, Starboard=S, (eg 3UWTP):.			
MASTER'S NAME AND SIGNATURE:	MAF's directions to vessel:-	INSPECTOR'S SIGNATURE:	
	<input type="checkbox"/> Vessel not discharging (Contact MAF if intentions change)	<input type="checkbox"/> Discharge of ballast permitted	<input type="checkbox"/> Discharge of ballast denied (Contact MAF to discuss options) <input type="checkbox"/> Exemption granted (This voyage only)