

Regulated Product Notifications: Application Guidance

Vaping Regulatory Authority

This guide is intended to provide an overview of the steps required to apply online. It is not a detailed guide; just prompts to help you navigate through the key areas of the portal

> Ministry of Health Version: 3



New Zealand Government



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NOTIFY VAPING AND SMOKELESS VAPING TOBACCO PRODUCTS - PREPARATION

BEFORE YOU START, YOU WILL NEED THE FOLLOWING

- 1. Business contact details
- 2. Download product notification CSV template at the bottom of this <u>webpage</u> and complete if you are going to notify more than 20 products in one session
- Understand what product details you need to provide. See specific requirements for each Product Type:
 - a. Vaping Device
 - b. Kit
 - c. Freebase Nicotine Vaping Substance
 - d. Nicotine Salts Vaping Substance
 - e. Smokeless Tobacco Product
 - f. Herbal Smoking Product Cigarette
 - g. Herbal Smoking Product Loose Mix
- 4. Debit /Credit card (if not paying by invoice) \$50 per product plus GST (renewed annually) plus 2% card processing fee

NB. Make sure you are happy that your products meet the required <u>standards</u> including the product safety requirements before you notify. You do not need to provide evidence when you notify but you need to be ready to provide it if requested.

TO NOTIFY A VAPING DEVICE, YOU WILL NEED

- a. Is the device a Disposable Yes/No note this field is mandatory
- b. Product Brand (brand of the product)
- c. Variant (name)
- d. Universal Product Code (UPC) if known
- Product 1 Device/Kit Components

- e. Component (i.e. tank, coil etc) note this field is mandatory
- f. Quantity of each component supplied with the device note this field is mandatory

TO NOTIFY A KIT, YOU WILL NEED

- g. Is the device in the kit a Disposable Yes/No note this field is mandatory
- a) Product Brand (brand of the product)
- b) Variant (name)
- c) Universal Product Code (UPC) if known
- Product 1 Device/Kit Components
- d) Components list (i.e. device, additional coils, juice etc) note this field is mandatory
- e) Quantity of each component in the Kit note this field is mandatory
- NB. All the components need to be notified separately so the Kit has no notification fee

TO NOTIFY A FREEBASE NICOTINE AND/OR NICOTINE SALT VAPING SUBSTANCE, YOU WILL NEED

- a. Product Brand (brand of the product)
- b. Flavour One (mandatory)
- c. Flavour Two (optional)
- d. Universal Product Code (UPC) if known
- e. PG:VG ratio (enter the PG:VG ratio of the product 70:30/50:50/etc.)
- f. Nicotine Strength (mg/ml)(select as many as appropriate/round up to the next higher strength if your exact strength is not listed)
- g. Container Size (select as many as appropriate)
- h. Product Ingredients (one entry per ingredient)
 - I. CAS Number <<u>https://commonchemistry.cas.org</u>>
 - II. Ingredient

III. Quantity (weight/volume per mL)

TO NOTIFY A SMOKELESS TOBACCO PRODUCT, YOU WILL NEED

- a. Product Brand (brand of the product)
- b. Variant (name/flavour)
- c. Universal Product Code (UPC) if known
- d. Method of Use
- e. Product Ingredients
 - I. CAS Number <<u>https://commonchemistry.cas.org</u>>
 - II. Ingredient
 - III. Quantity (weight per unit)

TO NOTIFY A HERBAL SMOKING PRODUCT- CIGARETTE, YOU WILL NEED

- a. Product Brand (brand of the product)
- b. Variant (name/flavour)
- c. Universal Product Code (UPC) if known
- d. Contains Nicotine (check box)
- e. Pack Quantities (20/25)
- f. Product Ingredients
 - I. CAS Number <<u>https://commonchemistry.cas.org</u>>
 - II. Ingredient
 - III. Quantity (weight/Volume per 100ml)

TO NOTIFY A HERBAL SMOKING PRODUCT- LOOSE MIX, YOU WILL NEED

- a. Product Brand (brand of the product)
- b. Variant (name/flavour)
- c. Universal Product Code (UPC) if known

- d. Contains Nicotine (check box)
- e. Pack Weight (Grams)
- f. Product Ingredients
 - I. CAS Number <<u>https://commonchemistry.cas.org</u>>
 - II. Ingredient
 - III. Quantity (weight/Volume per 100ml)



NOTIFY VAPING, HERBAL SMOKING AND SMOKELESS TOBACCO PRODUCTS – APPLYING ONLINE

STEP 1: LOG IN / REGISTER

a. Go to the HARP portal https://vaping.harp.health.nz and select LOG IN.

HARP Health Advisory and Regulatory Platform	
New Submission	Log In
$\frac{\text{Pick a form}}{\text{Fill the form}} \ge \text{Fill the form}$	Search submission forms Q
Complaint	
Complaint	\rightarrow
Enquiry	
Enquiry	\rightarrow

b. SIGN UP for My Health Account



c. SIGN UP with Email or RealMe

My Health Account	MINISTRY OF HEALTH MANATÙ HAUDRA	
	Sign up	
	Sign up using your email address	
	Sign up with email	
	Sign up with an existing verified RealMe identity.	
	Real RealMe	

d. PLEASE AGREE TO CONTINUE and click START

My Health Account	MINISTRY OF HEALTH MANATÙ HAUORA
	Before you start
	You will be guided through the steps to set up a My Health Account.
	Please agree to continue
	I have read and agree to the <u>My Health Privacy Policy</u> and <u>Terms of use</u> . I am making the application on my own behalf.
	Pretending to be another person to obtain/alter their personal information is an offense under section 212 of the Privacy Act 2020 and could result in a conviction and a fine not exceeding \$10,000.
	Start

e. Enter email address and SEND VERIFICATION

1 Email address	2 Create password
Let's verify your email address	
You will use your email address to login to your My Health accour	ıt.
Email Address	
Send verification	

f. Check email and copy verification code

My Health Account – Email Address Validation > Inbox 🗙	
My Health Account (UAT))8:18 (0 minutes ago)
MANTO HAUGRA My Health Account – Email Address Validation To use this email address for your My Health Account, please enter the following code into the text bo on the screen within the next 5 minutes: 473241	Х

g. Enter verification code and click CONTINUE

My Health Account	MINISTRY OF HEALTH MANNATÙ HAUORA
	• It mouthly langer for your amplite prive due to a kick volume of sign upp. Diagon upit or try
	again later.
	Enter your verification code
	Check your inbox for an email from no-reply-
	uat@identity.health.nz and enter the 6 digit verification code into
	the box below. If you can't find the email try checking your spam
	or junk folder.
	Verification code will expire after 5 minutes.
	I didn't receive an email
	Verification code
	Field is required
	Continue

h. Enter password and click CREATE

Email address	
Create a password	
Passwords are easily guessed. We recommend using passphrases and avoid using the used on other websites.	same password you've
Password must contain one of the following criteria:	
A At least 12 characters.	
OR	
B at least 7 characters and three of the following:	
• uppercase (A-Z)	
 towercase (a-z) numbers (0-9) 	
 symbols (e.g. #, \$, !, @, etc) 	
Enter password	Show @
Password	
Create	

STEP 2: REGISTER FOR ACCESS

a. Register for access

Registration	
Manufacturer/Importer/Distributor/Retailer	\rightarrow
Enquiry	
Enquiry	\rightarrow
Complaint	
Complaint	\rightarrow
Report a side effect to Vaping	÷

b. Enter USER DETAILS, NAME & NZBN, and REGISTERED ADDRESS

First Name *		
list Manie		
Last Name *		
Date of Birth *		
		ti i
Email Address *		
Telephone Number		
Role/Job Title		

Name and NZBN	
Business Name *	
Trading/Franchise Name *	
NZBN	
Business Type *	
*	

egistered Address	
Search for an address here	
treet *	
uburb *	
ity *	
ostcode *	

c. Select VAPING PRODUCT NOTIFICATION, then NEXT button, then SUBMIT NOW button Registration will be reviewed and email sent once approved. Please select this if you are notifying herbal smoking or smokeless tobacco products

MOH Portal Access
Please tell us the reason for your registration *
I want to submit an application to become a Specialist Vape Retailer
I want to submit a Vaping Product Notification

d. PLEASE NOTE IT COULD TAKE A FEW BUSINESS DAYS FOR A CUSTOMER ACCOUNT TO BE SET UP.

STEP 3: NOTIFY A VAPE PRODUCT

a. Once the approval has been received, log into HARP and click on the NEW SUBMISSION button.

My Submissions	
+ NEW SUBMISS	SION
1. MY ORDERS 2. MY LICENCES 3. MY PRODUCTS 4. MY NOTIFIER APPLICATIONS 5. MY RETAILER APPLICATIONS 6. MY AMENDMENTS 7. MY CORRESPO	INDENCE
New Submission My Submission	ns 😫
Pick a form >> Fill the form	
Search submit	ssion forms Q
Registration	
Manufacturer/Importer/Distributor/Retailer	÷
VRA Applications	
Specialist Vape Retailer (SVR) Application	÷
Approved Vaping Premises (AVP) Application	÷
Approved Internet Site (AIS) Application	÷
Product Notification	÷
Regulated Product Seller (RPS) Notification	\rightarrow

b. Select PRODUCT NOTIFICATION

c. Fill in APPLICANT DETAILS:

Applicant Details	
Business Name Confirmation *	
	* Please confirm the Business you are applying on behalf of.
First Name	
Stephanie	
Last Name	
Retailer	
Email Address	
stephanie.parlane@in2excellence.com	
Phone Number	
☐ I have a CSV file to upload.	Up to 20 products can be notified manually. CSV file upload is recommended if you are notifying many products; only one file per application is accepted.
	The CSV file has a maximum of 600 rows. You will need multiple files if you have more products to notify. Large files will take longer to process; please be patient.

MANUALLY ENTERED NOTIFICATIONS

a. If manually entering product notifications click NEXT.

NOTE: If notifying more than 20 products; use CSV file upload check box and refer to CSV Upload section for next steps.

I have a CSV file to upload.	Up to 20 products can be notified manually. CSV file upload is recommended if you are notifying many products; only one file per application is accepted.
	The CSV file has a maximum of 600 rows. You will need multiple files if you have more products to notify. Large files will take longer to process; please be patient.
SAVE V	NEXT >

b. **REGISTERED ADDRESS is automatically populated so click NEXT button**

Search for an address here	 	
Street *		
Suburb *		
City *		

c. The information required differs depending on what type of product is selected (refer to Appendix 1 for screenshots). Select the Product Type and enter the requested information

Product 1 Type

Product Type*	* Select the type of product you are notifying.
Product Brand	
	* Enter the brand of the product.
Variant	* Enter the variant of the product (name/flavour)
Universal Product Code (UPC)	Enter the UPC of the product (if known). Please separate multiple UPCs
	with / as a delimiter e.g. 123456789011 / 098765432112

d. Select ADD ANOTHER PRODUCT if you have more products to add

Add Another Product +

e. Click ADD to enter the Product ingredients

Add Another Product +	Select to add another product to this notification
Product 1 Ingredients	
	← BACK NEXT →

f. Enter the ingredients and click NEXT

oduct 1 Ingredients		
CAS Number *	×	
Ingredient *		
Quantity (Weight/Volume per mL) *		
+ ADD		

g. If ADD ANOTHER PRODUCT was selected, repeat Steps c to f

h. Review CSV ITEM SUMMARY, and click the NEXT button.

Note: This section is usually blank.

i. Make declarations and click NEXT.

Pick a form > Applicant Details > Registered Address > P1 > P2 > CSV Item Summary > Declarations > Review & Submit		
Declarations		
✓ I declare that the products meets the current requirements of the Act. *		
I declare that, to the best of my knowledge, the information I have provided is complete and correct. *		
	← ВАСК	NEXT →

j. Review application and click SUBMIT NOW.From here, go to Step 4: Submit Order

CSV UPLOAD

a. If you have a csv file to upload, check the box, then CHOOSE FILE to select file, and click NEXT

I have a CSV file to upload.		
File Upload *		
The opload		
	CHOOSE FILE	

b. **REGISTERED ADDRESS is automatically populated so click NEXT button**

Search for an address h	ere		
Street *			
Suburb *			
City *			
Post Code *			

c. On CSV Upload Summary click NEXT.

Note: This page is usually blank.

d. Make declarations and click NEXT.

Pick a form > Applicant Details > Registered Address > P1 > P2 > CSV Item Summary > Declarations > Review & Submit		
Declarations		
I declare that the products meets the current requirements of the Act. *		
I declare that, to the best of my knowledge, the information I have provided is complete and correct. *		
	← ВАСК	NEXT →

e. Review application and click the SUBMIT NOW button. The following message will be

displayed.

Product Notification	My Submissions
\otimes	
The form has been submitted	
Thank you for submitting your file of product notifications. Please select Import Product Notifications Fro the CSV Item Summary. If you make any corrections to your file then you will need to remove and resubmin and Submit page to Import the new file.	m File on the <u>Review & Submit</u> page to review your file contents under t your file on the Application details screen and return to the Review
Once product notifications within your CSV item Summary are correct select Generate Order and proceed	to the <u>order</u> for review and payment.

f. Click the REVIEW & SUBMIT link.

g. Click IMPORT PRODUCT NOTIFICATIONS FROM FILE.

Pick a form > Applicant Details > Registered Address > CSV Item Summary > Declarations > Review & Submit	
	IMPORT PRODUCT NOTIFICATIONS FROM FILE
Applicant Details	
Applicant Details	Edit

h. Click GENERATE ORDER button.

From here, go to Step 4: Submit Order

1. MY 0	RDERS	2. MY LICENCES	3. MY PRODUCTS	4. MY NOTIFIER AP	PLICATIONS	5. MY RETAILER	APPLICATIONS	6. MY AMENDMENT	S 7. MY CORRE	SPONDENCE
MY WO	RKSPACE									
(Orders Ir	n Progress								
C	Drders Ir	n Progress ODR-30			<mark>402.</mark> {	50 : 402.50	402.50		SUBMIT ORDER	

STEP 4: SUBMIT ORDER

a.	Click MY SUBMISSIONS		
	HARP Health Advisory and Regulatory Platform		
	New Submission	My Submissions	8

- b. Click MY ORDERS, then click the price to open the order.
- c. Review ITEM SUMMARY. To request a fee waiver for a product (for example, vaping kits), select the checkbox below the item. Enter a reason for the waiver request.

ID				~
PN-21.5				^
Туре				
Kit				
Variant				
SuperKit, 9452	150025685			
Amount Excl. GST				
50.00				
Vaiver Reason *				
Vitem Waiver Waiver Reason * Kit				
Vaiver Reason *	d to all waiver requests v	vithin 10 working da	ys.	
Vaiver Reason * Kit We aim to respond	d to all waiver requests w	vithin 10 working da	ys.	

d. Review ADJUSTMENTS and click NEXT button.

Note: This section Is usually blank

e. Review SUMMARY and click SAVE button.

- i. If you have <u>not</u> requested a fee waiver, click the SUBMIT ORDER button.
- ii. If you have requested a fee waiver, the order cannot be submitted until the waiver request has been reviewed and approved by the Vaping Regulatory Authority. An email will be sent once a decision has been made on the waiver and the SUBMIT ORDER button can then be clicked.

STEP 5: PAY FOR ORDER

PAY BY CREDIT CARD

a. Click PAY NOW button

Pick a form > Summary > Item Summary > Adjustments > Review & Submit	••• OTHER OPTIONS	PAY NOW
Summary		
Summary		
Generated Order ID REG19		

b. Enter debit/credit card details and PAY

Ν	Ministry of Health
\$1	,876.80 NZD
Includ	les \$36.80 surcharge.
E	nter card details
Card number	
MM/YY	⊖ csc
A Cardholder name	0
	Pav

c. After payment you will receive a receipt

Rece	ipt	My Submissions	θ
Pici	ca form > Payment Summary > Review & Submit		
	Payment Summary Your Payment was successful. Please allow 5 minutes for processing		
	Status Transaction successful Card 555555XXXXXXX444		
	\$Amount(NZD) 1840.00		

Once payment has been received, product notifications will be submitted. You will only be contacted if there is a query on your notification. If there are no queries the product notifications will appear on the Notified Products Database immediately.

d. To view the notified products, click MY SUBMISSIONS, then click MY PRODUCTS.

Products that need to be reviewed by the Vaping Regulatory Authority will be displayed in the PRODUCTS IN PROGRESS section. Notified products are displayed in the PRODUCT HISTORY section.

1. MY (ORDERS	2. MY LICENCES	3. MY PRODUCTS	4. MY NOTIFIER APPLICATIONS	5. MY RETAILER APPLICATIONS	6. MY AMENDMENTS	7. MY CORRESPONDEN
MY WC	ORKSPACE						
	Dueduet	a la Das anos					
	Product	s in Progress					
		NPRD-49 Green - heatz	- Busin Under F	ess: JLC Business Review	VRA Products 09/08/2021 10:04	09/08/2021 10:04	
		NPRD-48 Orange - heatz	- Busin Under F	ess: JLC Business Review	VRA Products 09/08/2021 10:04	09/08/2021 10:04	
					Rows	oer page: 10 ▼ 1-2 of	2 < < > >
	Product	History					
		NPRD-47 Blue - Vap8	- Busine Notified	ess: JLC Business	VRA Products 09/08/2021 10:04	09/08/2021 10:04	
		NPRD-46 Void - Vap8	- Busine Notified	ess: JLC Business	VRA Products 09/08/2021 10:04	09/08/2021 10:04	

PAY BY INVOICE

a. In the My Orders screen, click ... to the right of the Order. Select EMAIL INVOICE

. MY (ORDERS	2. MY LICENCES	3. MY PRODUCTS	4. MY NOTIFIER APPLICATIO	DNS 5. MY RETAILER A	PPLICATIONS
. MY A	MENDM	IENTS 7. MY CORRE	ESPONDENCE MY	WORKSPACE		
	Ordore	In Drogross				
	orders					
		ODR-16 Generated Order ID: RE(G16 - Business Name: T	57.50 : 57.50	57.50 57.50 PAY NOW	
		ODR-16 Generated Order ID: RE0	G16 - Business Name: T	57.50 : 57.50 Take 2 04/08/2021 10:38	57.50 57.50 PAY NOW	 ODR-16

b. Make payment to the bank account on the invoice

Once payment has been received, product notifications will be submitted. You will only be contacted if there is a query on your notification. If there are no queries the product notifications will appear on the Notified Products Database immediately.

APPENDIX

APPENDIX 1: MANUALLY ENTERED PRODUCT FIELDS PRODUCT TYPE: VAPING DEVICE / KIT

Product 1 Type	
Product Type *	
Vaping Device	* Select the type of product you are notifying.
Ensure you are aware of the new regulations around batteries and child safety mechanisms for all vap	ing devices before you notify
Disposable *	
Ves	
O No	
Product Brand *	
	* Enter the brand of the product.
Variant *	
	* Enter the variant of the product (name/flavour).
Universal Product Code (UPC)	
	Enter the UPC of the product (if known). Please separate multiple UPCs with / as a delimiter e.g. 123456789011 / 098765432112
Add Another Product +	Select to add another product to this notification
Product 1 Device/Kit Components	
Components	
Component *	For a device, a component is a part that is individually replaceable.
	For a kit, a component is a notified product or a part that has already been notified by that notifier.
Quantity *	
	Enter the quantity of the component included in the device/kit



Product 1 Ingredients (+ ADD)	
SAVE V	← BACK NEXT →

PRODUCT TYPE: VAPING SUBSTANCE – FREEBASE & NICOTINE SALT

Product 1 Type

Product Type *		
Freebase Nicotine Vaping Substance	* Select the type of product you are notifying.	
Product Brand *		
	* Enter the brand of the product.	
Flavour 1 *		
•		
Flavour 2		
· · · · · · · · · · · · · · · · · · ·		
Linitescal Decident Code (UDC))	
	Enter the UPC of the product (if known). Please separate multiple UPCs with / as a delimiter e.g. 123456789011 / 098765432112	
PG:VG ratio *	,	
	* Enter the PG:VG ratio of the product (70:30 or 50:50, etc.).	
Nicotine Strength *		
•	* Select all applicable nicotine strengths. Round up to the next higher	
Please choose an option	'strength if not listed.	
Container Size *		
•	* Select all applicable container sizes.	

Product 1 Ingredients	
CAS Number *	Enter the Chemical Abstracts Service (CAS) number of the ingredient
Ingredient *	Enter the International Union of Pure and Applied Chemistry (IUPAC) or common name of the ingredient
Quantity (Weight/Volume per 100ml) *	Enter the ingredient quantity per 100mL of finished product (in mg or mL)
Proprietary	Select to mark the ingredient as proprietary (constituents of proprietary ingredients will not be published). Please note that both the brand name and variant of the proprietary ingredient should be provided.
+ ADD	
SAVE ~	← BACK NEXT →

PRODUCT TYPE: SMOKELESS TOBACCO PRODUCT

oduct Type *		Calast the tupe of product you are patifying
Smokeless Tobacco Product	Ŧ	Select the type of product you are notifying
oduct Brand *		
		Enter the brand of the product
rient -		Enter the variant of the product (name/flavour)
iversal Product Code (UPC)		
		Enter the UPC of the product (if known)
ethod of Use *		
	*	Select the applicable method of use
ickane Quantities *		
unage quuntres	.	Enter the quantity of products in each package
		Customisation:
		Hide field for Product Type smokeless tobacco product for all Products
Add Another Product +		Select to add another product to this notification
roduct 1 Ingredients		
CAS Number *		
CAS Number* ×		
CAS Number * X Ingredient * Quantity (Weight/Volume per mL) *		
CAS Number* × Ingredient * Quantity (Weight/Volume per mL) *		
CAS Number* × Ingredient * Quantity (Weight/Volume per mL) *		
CAS Number* × Ingredient * Quantity (Weight/Volume per mL) * Proprietary		

PRODUCT TYPE: HERBAL SMOKING PRODUCT - CIGARETTE

Product 1 Type	
Product Type *	
Herbal Smoking Product - Cigarette	* Select the type of product you are notifying.
Product Brand *	
	* Enter the brand of the product.
Variant *	
	* Enter the variant of the product (name/flavour).
Universal Devolute Orada (UDO)	
	Enter the UPC of the product (if known). Please separate multiple UPCs
	With / as a deminiter e.g. 1234307890117 098703432112
Contains Nicotine *	
O Yes	
O No	
Pack Quantities *	
•	Enter the quantity of products in each Pack
Add Another Product +	Select to add another product to this notification.
SAVE V	← BACK NEXT →

PRODUCT TYPE: HERBAL SMOKING PRODUCT – LOOSE MIX

Product 1 Type	
Product Type *	
Herbal Smoking Product - Loose Mix	* Select the type of product you are notifying.
	J
Product Brand *	
	* Enter the brand of the product.
Variant *	
	* Enter the variant of the product (name/flavour).
	5
Universal Product Code (UPC)	Enter the UPC of the product (if known). Please separate multiple UPCs
	with / as a delimiter e.g. 123456789011 / 098765432112
Contains Nicotine *	
O Yes	
O No	
Pack Weight *	
	Enter the weight of the products in the pack.
Add Another Product +	
	Select to add another product to this notification.
B SAVE	
D SAVE	C BACK NEXT -

22 November 2023