# Drug checking licensing scheme provider responsible person amendment form

Complete the following information for any change to responsible persons:

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| --- |
| General licence holder information |
| Licence holder name | Add | **Date of submission** | Click or tap to enter a date. |
| Designated contact person for licence holder* Name
* Role title
* Email
* Contact phone number
 | AddAddAddAdd  |

| New responsible person | Comment | Supporting documentation |
| --- | --- | --- |
| Responsible persons of the applicant*If the licence holder is an entity, responsible persons is defined as directors, partners or trustees, or persons acting in a similar role.If the licence holder is a single person, responsible persons is defined as the person responsible for drug checking.* |
| State name of the new responsible person  | Add | Add |
| State commencement date of new responsible person |  |  |
| Certified identification |
| Provide certified identification documentation for the new responsible person that comprises at least one of the following:* New Zealand driver’s licence
* Passport
* Birth certificate

Include any other names the responsible person(s) has previously been known by. | Add | Add |
| **Criminal record checking***Refer to link:* [***www.justice.govt.nz/criminal-records/get-your-own/#tips***](https://www.justice.govt.nz/criminal-records/get-your-own/#tips)*NB: the criminal record check must be dated no earlier than 3 months before the date of submission.* |
| Provide a full copy of the results of a criminal record for the new responsible person | Add | Add |
| **Criminal conviction or non-compliance (with or without conviction)***For each offence or non-compliance (with or without conviction), state the length of time since the conviction or non-compliance.* |
| The following information is required to be declared where there has been offending or non-compliance by the new responsible person: * any conviction of an offence against:
* the MoDA
* the Psychoactive Substances Act 2013
* the Medicines Act 1981
* any regulations made under any of those Acts
* any crime involving dishonesty (as defined in section 2(1) of the Crimes Act 1961)
* any pending court hearings/trial/ sentencing
* whether the person has ever seriously or repeatedly failed to comply with any requirement of the MoDA or its regulations (whether or not a conviction resulted)
* whether any responsible person of the applicant, while a responsible person for a different entity, was ever seriously or repeatedly non-compliant with the MoDA (whether or not a conviction resulted)
* any overseas convictions equivalent to the relevant convictions listed above.
 | Add | Add |
| **MoDA licenses or permits** |
| For the new responsible person, state:* whether the person has held (or currently holds) any other licences or permits under the MoDA (name these)
* whether any licences or permits the person has held (under the MoDA, for any entity), has ever been revoked or cancelled, the reasons for this and whether the person was a responsible person of the entity at the time.
 | Add | Add |
| **Prior offence statement of suitability***Refer to Drug Checking Provider Handbook for guidelines on information to be included in the statement of suitability.This statement should be a maximum of 500 words.* |
| Where the new responsible person has a relevant MoDA conviction or non-compliance, the licence holder must submit a statement explaining why the licence holder remains suitable to hold a licence.  | Add | Add |

| Responsible person unable to discharge duties | Comment | Supporting documentation |
| --- | --- | --- |
| State name of the responsible person  | Add | Add |
| State date responsible person was unable to discharge duties |  |  |
| State reason responsible person is unable to discharge duties |  |  |
| State date responsible person is likely to resume duties |  |  |

| Responsible person resignation | Comment | Supporting documentation |
| --- | --- | --- |
| State name of the person resigning from position as a responsible person | Add | Add |
| State date of resignation of responsible person  |  |  |
| State when the responsible persons position will be filled |  |  |

## **Submission**

Once completed, please email the responsible person amendment form and all supporting documents to: drugcheckingadmin@health.govt.nz

Please use the subject line “DCLS responsible person amendment form: [provider name]”.

## **Declaration**

I declare that the information provided in the responsible person amendment form and supporting documentation is complete, true and accurate. I am aware that if the information provided is found to be materially false or misleading, the licence can be suspended or cancelled at any stage.

|  |
| --- |
| Declaration |
| Licence holder contact person name | Add |
| Date | Click or tap to enter a date. |
| Licence holder contact person signature | Add |