# Drug checking licensing scheme provider responsible person amendment form

Complete the following information for any change to responsible persons:

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | Add  Add  Add  Add | | |

| 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](mailto: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 |