

ADVENTURE ACTIVITY OPERATOR'S NOTIFICATION FORM



Operator Details

Full legal name of operator's business*	<input type="text"/>
Business address/ registered office	<input type="text"/>
Contact person's phone number*	<input type="text"/>
*mandatory field	

Contact Details

Contact person's full name*	<input type="text"/>
Contact person's postal address*	<input type="text"/>
Contact person's email address*	<input type="text"/>
Contact person's position	<input type="text"/>

Adventure Activities

(Please select (below) all of the adventure activities you provide and complete the relevant details for each)

<input type="checkbox"/> Abseiling or rappelling (outdoors)	<input type="checkbox"/> Bridge swinging	<input type="checkbox"/> Bungy jumping
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Canyon swinging	<input type="checkbox"/> Canyoning
<input type="checkbox"/> Caving	<input type="checkbox"/> Glacier walking	<input type="checkbox"/> High ropes course crossing, high wire crossing, or use of a zip wire
<input type="checkbox"/> Kayaking	<input type="checkbox"/> Mountaineering	<input type="checkbox"/> Off-road vehicle driving
<input type="checkbox"/> River boarding	<input type="checkbox"/> Rock climbing (outdoors)	<input type="checkbox"/> Scuba diving
<input type="checkbox"/> Quad biking or trail biking	<input type="checkbox"/> Snow activities (outdoors and outside a patrolled ski area) such as skiing or snowboarding	Other (please specify) <input type="text"/>
Other (please specify) <input type="checkbox"/> <input type="text"/>	Other (please specify) <input type="checkbox"/> <input type="text"/>	Other (please specify) <input type="checkbox"/> <input type="text"/>

Activity Details

Activity* Please write the activity(s) selected (above) in the text box(es) below	Location address(es) of activity* Specify the actual location(s) where each activity is conducted. (eg: street/road address, rural block, forest, lake, river etc.)	Safety audit status (If you have any current Safety Certificates please attach copies with this form)
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Trading name (if different from business name)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Certificate Obtained <input type="checkbox"/> Audit still continuing <input type="checkbox"/> No audit undertaken <input type="checkbox"/>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Trading name (if different from business name)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Certificate Obtained <input type="checkbox"/> Audit still continuing <input type="checkbox"/> No audit undertaken <input type="checkbox"/>
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<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Trading name (if different from business name)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Certificate Obtained <input type="checkbox"/> Audit still continuing <input type="checkbox"/> No audit undertaken <input type="checkbox"/>

Add a supplementary sheet if needed:

Send to: Adventure Activities Administrator, Department of Labour, PO Box 3705, Wellington

Or fax: 04 915 4370