Water Services Authority
Taumata Arowai

Registration Form

Application to register a Water Carrier

1. Applicant details

Business name:

New Zealand Business Number (NZBN):

Business type:

Supply category:

Date first supplied drinking water:

Name of business owner:

Phone number of business owner:

Email address of business owner:

Physical address:

Postal address:
(if different from physical address)

Trading name of business:
(if different to business name)

Operator name:
(if different to business owner)

Phone number of operator:

Email of operator:

2. Supply details

Are you using a filling station? ☐ Yes ☐ No

Name of supply/supplies (sources) used for filling (filling station):

Location of filling station:

Are you using your own source? ☐ Yes ☐ No

Is your source a registered water supply? ☐ Yes ☐ No

Describe your source:
(location, description)

Source type: ☐ Bore ☐ Lake ☐ Roof ☐ Spring ☐ River / stream / creek

Have you attached your Drinking Water Safety Plan? ☐ Yes ☐ No

Note: you can submit your Drinking Water Safety Plan via our online portal Hinekōrako

Declaration

I declare that the details provided in this form are true and correct.

Name :

Date:

Privacy information

Personal information collected in this form will be used for the purpose of registering the drinking water supplies associated with your water carrier service.

We may disclose the personal information by including it on the public register of drinking water supplies.

We will not otherwise disclose the personal information except when permitted or required by law to do so.

If you're concerned about protecting any sensitive or confidential information, please contact us at info@taumataarowai.govt.nz before sending us your application.

If you wish to access or correct personal information Taumata Arowai holds about you, please contact us at opssupport@taumataarowai.govt.nz

Where to send your form

Once completed, please email this form to us at: opssupport@taumataarowai.govt.nz