

# ADVENTURE ACTIVITY OPERATOR'S NOTIFICATION FORM

## Operator details:

Full legal name of operator's business*:
Business address/registered office:
Contact person's phone number*:

## Contact details:

Contact person's full name*:
Contact person's postal address*:
Contact person's email address*:
Contact person's position:

*\*mandatory field*

## Adventure activities

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

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

## WORKSAFE NEW ZEALAND

Please return the form using one of the following options:

**Post:** The Adventure Activities Registrar, WorkSafe New Zealand, PO Box 165, Wellington 6140

**Fax:** 04 915 4567

**Email:** [aao@worksafe.govt.nz](mailto:aao@worksafe.govt.nz)

**For further information please contact WorkSafe New Zealand on 0800 030 040**

**Activity details:***(Add a supplementary sheet if needed)*

<b>Activity*:</b> <i>Please write the activity(s) selected (above)</i>	<b>Trading name:</b>	<b>Location address(es) of activity*:</b> <i>Specify the actual location(s) where each activity is conducted. (eg: street/road address, rural block, forest, lake, river etc.)</i>	<b>Safety audit status:</b> <i>(If you have any current Safety Certificates please attach copies with this form)</i>
			<input type="radio"/> Certificate obtained <input type="radio"/> Audit still continuing <input type="radio"/> No audit undertaken
			<input type="radio"/> Certificate obtained <input type="radio"/> Audit still continuing <input type="radio"/> No audit undertaken
			<input type="radio"/> Certificate obtained <input type="radio"/> Audit still continuing <input type="radio"/> No audit undertaken

*\*mandatory field***WORKSAFE NEW ZEALAND**

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