

**Concession Fee Review Reconsideration Form**

**When should I use this form?**

Use this application form if you (the concession holder) wish to seek a reconsideration of your ongoing concession fees which were recently revised as a result of a concession fee review.

The purpose of this form is to help the Department (DOC) assess whether the fee set at the recent concession fee review considered all the information relevant to the concession.

**How do I complete this application form?**

* Complete all sections of this form
* DOC encourages electronic applications (e.g. email a typed Word document), rather than handwritten applications. Electronic applications are easier to read and less likely to be returned to you for clarification.
* If you require extra space, attach or include extra documents and label them.

**What information should I include?**

Please provide all information relevant to your reconsideration request, including:

* Your reason for requesting a reconsideration of the fee.
* Justification and evidence to support the reconsideration request.
* An alternative fee proposal.
* Any addition information which may affect the fee applicable to your concession

***Note:*** *The information collected is used to enable DOC to process your reconsideration request. DOC will not use this information for any reason unrelated to that purpose.*

**If I need some help, where do I get more information?**

* Check the DOC webpage for managing your concession.
* Contact the National Transaction Centre through email transactioncentre@doc.govt.nz.

## How do I submit my application?

Email your completed concession fee review reconsideration form and any other attachments to: transactioncentre@doc.govt.nz

**What happens next?**

Once received, your application will be assessed by DOC. If your application is complete, we will begin processing. If your application is incomplete, it will be returned to you for more information.

# **Concessionaire’s Details**

|  |  |
| --- | --- |
| Holder Name:*(Name, Company*) |  |
| Permission Number: |  |
| Activity:*(As described in the concession document)* |  |
| Postal address |  |
| Contact person and role |  |
| Phone |  | Mobile phone |  |
| Email  |  |

# **Reason for fee reconsideration**

Explain in detail either below or attached as a separate item:

1. Which part(s) of the decision you are disputing, i.e., methodology, fee calculation, etc.
2. Provide your justification and evidence to support the reconsideration, e.g., valuation
3. What do you believe is an appropriate market fee and why?
4. Any financial material which supports your request.

***Note:*** *Any information including financial information you provide will remain confidential to DOC.*

 *If you have additional information that supports this information, please attach it to this form.*

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# **Checklist**

## By ticking the boxes in this checklist, you agree that you have supplied all the relevant information required for DOC to reconsider your fees.

|  |  |
| --- | --- |
| Application checklist  | Tick |
| I have completed all sections of this form relevant to my request |[ ]
| I have supplied all the relevant information to support what I believe is an appropriate market fee and provided a detailed explained on why. |[ ]
| I certify that the information provided on this form, and all attached additional documents, is, to the best of my knowledge, true and correct. |[ ]
| I acknowledge that until the fee reconsideration has been resolved my concession fees will be invoiced in accordance with the terms and conditions of my concession. |[ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name/s |  | Date |  |