



STATUTORY DECLARATION

ORGANIC PRIMARY PRODUCERS (Transfers)

INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

1. This Statutory Declaration forms the basis of your application for certification. To avoid any delays, it is important that each section of this document is completed accurately. Please read the following details carefully, failure to provide the necessary information will result in this document being returned for additional information.
2. To minimise delays with your application please ensure this document and any attached information is either typed or printed in black or blue pen CLEARLY in CAPITAL LETTERS.
3. If certification is required for more than one property, on separate titles or under separate management systems, a Statutory Declaration must be completed for each property.
4. All questions must be answered, write N/A, nil or none if not applicable.
5. This document must be signed **on each page** and where indicated on Page 5 before a Witness (as specified in Eligible Witness List Pages 6-7). Please note: family members are ineligible to witness.

CHECKLIST

MUST BE COMPLETED PRIOR TO POSTING YOUR APPLICATION. THIS WILL ASSIST IN THE APPRAISAL OF YOUR APPLICATION

TICK WHEN COMPLETE

All sections of the Statutory Declaration have either been answered or marked N/A	
This Statutory Declaration has been initialled and dated at the bottom of every page by the client, in the presence of the witness (as specified in eligible witness list Pages 6-7) who has also initialled and dated the bottom of every page. Please note: family members are ineligible to witness.	
Additionally, the client and witness have printed their names, signed in full and dated this Statutory Declaration where indicated in the boxed section .	
A farm plan is enclosed. Details include paddock names/numbers, paddock acreage, old dip sites, holding yards, shearing sheds, dams, bores, water courses, windbreaks/buffer zones, prevailing winds. For orchards the number of trees, rows and species must also be supplied.	
That an area sketch and a written description giving clear directions from the nearest town to the property involved is enclosed to enable the inspector to visit the property.	
That a ACO 'Lease Agreement' is completed and enclosed if the property is leased.	
That a 'Product Declaration for Feed Supplements' form is completed for feed supplements for livestock producers – example for poultry feed, pig feed etc.	
Any additional, relevant information to support this application is attached to the inside back page of this document. This may include elements of an Organic Management Plan where extra information is required in relation to managing your operation in conformance with the Organic Standard.	

CLIENT		WITNESS	
INITIALS	DATE:	INITIALS	DATE:
		<input type="text"/>	<input type="text"/>



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ORGANIC PRIMARY PRODUCERS (Transfers)

1. LICENSEE(S) DETAILS			
GIVEN NAMES:	<input type="text"/>	TRADING NAME:	<input type="text"/>
SURNAME:	<input type="text"/>		
PROPERTY ADDRESS			
ADDRESS 1:	<input type="text"/>		
ADDRESS 2:	<input type="text"/>		
SUBURB OR TOWN:	<input type="text"/>	POSTCODE:	<input type="text"/>
STATE:	<input type="text"/>	COUNTRY:	<input type="text"/>

I BEING THE PERSON RESPONSIBLE FOR THIS DECLARATION (HEREIN REFERRED TO AS THE OPERATOR) DO SOLEMNLY AND SINCERELY DECLARE:

2. OPERATION DETAILS	
ABN:	<input type="text"/>
ARBN:	<input type="text"/>
TICK APPLICABLE	<input type="checkbox"/> Company
	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Sole Operator
	<input type="checkbox"/> Public Company
	<input type="checkbox"/> Trust

3. POSITION DETAILS	
TICK APPLICABLE	<input type="checkbox"/> Sole Owner
	<input type="checkbox"/> Co-owner
	<input type="checkbox"/> Employee
	<input type="checkbox"/> Sharefarmer
	<input type="checkbox"/> Partner
	<input type="checkbox"/> Other (PLEASE SPECIFY)
	<input type="checkbox"/> Director
	<input type="checkbox"/> Manager
	<input type="checkbox"/> Secretary
	<input type="checkbox"/> Shareholder
	<input type="checkbox"/> Consultant

4. CONTACT DETAILS			
TELEPHONE (W):	<input type="text"/>	FAX (W):	<input type="text"/>
TELEPHONE (AH):	<input type="text"/>	FAX (AH):	<input type="text"/>
MOBILE:	<input type="text"/>	EMAIL:	<input type="text"/>

5. REAL PROPERTY DESCRIPTION (REFER TITLE DEED/RATES NOTICE)			
LOT NO:	<input type="text"/>	AREA:	<input type="text"/> (acres/hectares)
HUNDRED:	<input type="text"/>	COUNTY:	<input type="text"/>
PARISH:	<input type="text"/>	SHIRE:	<input type="text"/>
LOCATION	<input type="text"/>	STATE:	<input type="text"/>

IF MORE THAN ONE PROPERTY, PLEASE ATTACH ADDITIONAL DETAILS

6. OWNERSHIP OF PROPERTY	
THE PROPERTY HAS BEEN IN THE CONTROL OF THE OPERATOR SINCE :	<input type="text"/>

CLIENT		WITNESS	
INITIALS	DATE:	INITIALS	DATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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7. LEASE OR SHAREFARM

IS THIS PROPERTY LEASED OR SHAREFARMED: (please tick)

- No (Go to Q8)
 Yes (If yes, please provide details below, and **attach a completed Lease Agreement**)

IF LEASED OR SHAREFARMED, THE OWNERS DETAILS

Owners Name _____	Street Address _____
Telephone: _____	Address 2 _____
Fax: _____	Suburb/Town _____
Email: _____	Country _____ PC _____

8. MEMBERSHIP

HAVE YOU OR YOUR ORGANISATION EVER BEEN REFUSED MEMBERSHIP OF, OR HAD CERTIFICATION WITHDRAWN, BY ANY CERTIFYING ORGANIC OR BIODYNAMIC ORGANISATIONS: (please tick)

- No
 Yes (If yes, please provide details) _____

STATEMENTS 9-14 RELATE TO YOUR ENTIRE PROPERTY, WHETHER SEEKING FULL CERTIFICATION OR NOT

9. ENTIRE PROPERTY AREA

THE ENTIRE AREA OF THE PROPERTY IS:

Property Area: _____ **HECTARES ONLY**

10. ENTIRE PROPERTY COMPOSITION

ARABLE & NON ARABLE LAND:

Arable Land: _____	HECTARES ONLY	Non-Arable Land: _____	HECTARES ONLY
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CONSISTING OF:

Native Vegetation: _____	HECTARES ONLY	Irrigated: _____	HECTARES ONLY
Horticulture: _____	HECTARES ONLY	Broadacre: _____	HECTARES ONLY
Tree crops/Vines: _____	HECTARES ONLY	Grazing/Pastoral: _____	HECTARES ONLY

SOIL TYPE

AVERAGE RAINFALL:

Soil Type: _____	Average Rainfall: _____
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11. AREA SEEKING CERTIFICATION

ACO CERTIFICATION IS REQUESTED ON: (please tick)

- Part Property (please provide details below)
 Whole Property (Go to Q12)

THE AREA OF THE PROPERTY SEEKING CERTIFICATION:

Property Area: _____ **HECTARES ONLY**

CLIENT		WITNESS	
INITIALS _____	DATE: _____	INITIALS _____	DATE: _____



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ORGANIC PRIMARY PRODUCERS (Transfers)

REASON WHY WHOLE PROPERTY IS NOT TO BE CERTIFIED:

Please explain why whole property is not to be certified:

DESCRIPTION OF FARMING PRACTICES ON AREA/S NOT SEEKING CERTIFICATION:

Please provide a brief description of farming practices on area/s not seeking certification:

12. PRODUCTS

I HEREBY APPLY FOR ACO CERTIFICATION FOR THE FOLLOWING PRODUCTS:

Product 1	_____	Product 7	_____
Product 2	_____	Product 8	_____
Product 3	_____	Product 9	_____
Product 4	_____	Product 10	_____
Product 5	_____	Product 11	_____
Product 6	_____	Product 12	_____

13. DECLARATION

- A. I UNDERSTAND SOIL, PLANT, OR PRODUCT TESTING WILL BE REQUIRED AT MY EXPENSE, AND THAT FURTHER TESTING MAY BE REQUIRED AT FUTURE DATES:** (please tick)
- No
 Yes
- B. I UNDERSTAND THAT REGULAR SAMPLES OF MY/OUR PRODUCE WILL BE SUBJECT TO A RANDOM CHEMICAL RESIDUE TEST AND COULD BE AT MY OWN EXPENSE WHERE IT CANNOT BE VERIFIED THAT CONTAMINATION DID NOT OTHERWISE ARISE FROM ON-FARM PRACTICES:** (please tick)
- No
 Yes
- C. I HAVE READ AND UNDERSTOOD THE BIOLOGICAL FARMERS OF AUSTRALIA CO-OP LTD STANDARD "THE AUSTRALIAN ORGANIC STANDARD":** (please tick)
- No
 Yes
- D. I ACKNOWLEDGE THIS DECLARATION IS MADE WITH A CLEAR UNDERSTANDING OF THE REQUIREMENTS SET OUT IN THE CURRENT ACO PRODUCTION STANDARD "THE AUSTRALIAN ORGANIC STANDARD":** (please tick)
- No
 Yes
- E. I ACKNOWLEDGE THAT KEEPING COMPREHENSIVE RECORDS OF PRODUCTION ACTIVITIES AND SALES, AS SPECIFIED IN THE ACO STANDARD, IS A KEY ASPECT OF ATTAINING AND MAINTAINING CERTIFICATION:** (please tick)
- No
 Yes

CLIENT		WITNESS	
INITIALS	DATE:	INITIALS	DATE:



STATUTORY DECLARATION

ORGANIC PRIMARY PRODUCERS (Transfers)

- F. I ACKNOWLEDGE THAT ANY DEPARTURE FROM THE PRINCIPLES OF THE ACO, AS OUTLINED IN THE ACO STANDARD, MUST BE NOTIFIED IN WRITING TO THE ACO CERTIFICATION OFFICE: (please tick)**
- No
 Yes
- G. I/WE ARE AWARE I/WE WILL BE LIABLE FOR PENALTIES APPLICABLE TO THE RELEVANT STATE FOR ANY WILFULLY MADE FALSE STATEMENT: (please tick)**
- No
 Yes
- H. I DO SINCERELY DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF: (please tick)**
- No
 Yes
- I. I HAVE READ AND UNDERSTOOD THE CURRENT VERSION OF THE BIOLOGICAL FARMERS OF AUSTRALIA CO-OP LTD STANDARD HEREIN REFERRED TO AS "THE AUSTRALIAN CERTIFIED ORGANIC STANDARD", WHICH IS ADMINISTERED BY ACO AND WILL COMPLY WITH ALL RELEVANT PROVISIONS OF THE CERTIFICATION PROGRAMS: (PLEASE TICK)**
- No
 Yes

SIGNED:	_____	_____	_____
	Print Full Name Clearly	Signature	Date
WITNESSED BY:	_____	_____	_____
	Print Full Name Clearly	Signature	Date
ELIGIBLE WITNESS CATEGORY (Page 6-7)	Please state profession		

ALL PAGES MUST BE SIGNED, DATED AND WITNESSED (BY AUTHORISED WITNESS LIST BELOW), OTHERWISE DOCUMENT WILL BE RETURNED.

Family members are ineligible to witness documentation.

The following list details people that are able to witness a stat dec under the Statutory Declarations Regulations of 1993 which is bound by the Statutory Declarations Act of 1953 under Australian Commonwealth Law (does not differ to individual states)

A statutory declaration under the Statutory Declarations Act 1959 may be made before—

- (1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

The following list details people that are able to witness a stat dec under the Statutory Declarations Regulations of 1993 which is bound by the Statutory Declarations Act of 1953 under Australian Commonwealth Law (does not differ to individual states)

A statutory declaration under the Statutory Declarations Act 1959 may be made before—

- (1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor	Dentist	Legal practitioner
Medical practitioner	Nurse Optometrist	Patent attorney
Pharmacist	Physiotherapist	Psychologist
Trade marks attorney	Veterinary surgeon	

- (2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

- (3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)

CLIENT		WITNESS	
INITIALS	DATE:	INITIALS	DATE:



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ORGANIC PRIMARY PRODUCERS (Transfers)

Bailiff

Bank officer with 5 or more continuous years of service

Barrister

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Credit union officer with 5 or more years of continuous service

Employee of the Australian Trade Commission who is:

- (a) in a country or place outside Australia; and
- (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
- (c) exercising his or her function in that place

Employee of the Commonwealth who is:

- (a) in a country or place outside Australia; and
- (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
- (c) exercising his or her function in that place

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge of a court

Justice of the Peace

Justice of the Peace (Commissioner for Declarations)

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than at the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australasian Institute of Mining and Metallurgy

Member of the Australian Defence Force who is:

- (a) an officer; or
- (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
- (c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of

Accountants

Member of:

- (a) the Parliament of the Commonwealth; or
- (b) the Parliament of a State; or
- (c) a Territory legislature; or
- (d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*

Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal

services to the public

Permanent employee of:

- (a) the Commonwealth or a Commonwealth authority; or
- (b) a State or Territory or a State or Territory authority; or
- (c) a local government authority;

with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of:

- (a) the Commonwealth or a Commonwealth authority; or

CLIENT		WITNESS	
INITIALS	DATE:	INITIALS	DATE:



STATUTORY DECLARATION

ORGANIC PRIMARY PRODUCERS (Transfers)

(b) a State or Territory or a State or Territory authority

Sheriff

Sheriff's officer

Solicitor

Teacher employed on a full-time basis at a school or tertiary education institution

CLIENT		WITNESS	
INITIALS	DATE:	INITIALS <input type="text"/>	DATE: <input type="text"/>