

STATUTORY DECLARATION OGA/BFA SMALL PRODUCER PROGRAM ORGANIC PRIMARY PRODUCERS

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 10 before an eligible witness. Please note family members are ineligible to witness..
6. Within one month of receipt of this document:
 - a. Sample/s of soil and/or tissue will be taken for chemical residue testing at either your first onsite audit or subsequent audit.
 - b. Your application is forwarded to the Certification Review Committee, which analyses all factors relating to organic production. The applicant will be advised of the outcome of the certification review within 6 weeks of the first audit occurring, unless there are mitigating circumstances.

##IMPORTANT!!PRE-CERTIFICATION COMMENCES FROM THE DATE OF RECEIPT OF THIS DOCUMENT INTO THE OFFICE

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 per eligible witness list, Pages 11-12), who has also initialled and dated the bottom of every page. The witness must not be a family member.	
Additionally, the client and witness have printed their names, signed in full and dated this Statutory Declaration where indicated in the boxed section .	
Required appendices are attached (Appendix 1-5)	

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"/>	TICK APPLICABLE	<input type="checkbox"/> Company
ARBN:	<input type="text"/>		<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"/> Director
	<input type="checkbox"/> Co-owner	<input type="checkbox"/> Manager
	<input type="checkbox"/> Employee	<input type="checkbox"/> Secretary
	<input type="checkbox"/> Sharefarmer	<input type="checkbox"/> Shareholder
	<input type="checkbox"/> Partner	<input type="checkbox"/> Consultant
	<input type="checkbox"/> Other (PLEASE SPECIFY)	

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 :

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

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/CERTIFICATION

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) _____

ARE YOU CURRENTLY CERTIFIED WITH ANY OTHER CERTIFYING BODIES? (PLEASE TICK)

- No
 Yes (please provide details below)

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: _____ Avg Rainfall: _____

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 (JP)	
INITIALS _____	DATE: _____	INITIALS _____	DATE: _____

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. CONSULTANTS

DO YOU USE CONSULTANTS: (please tick)

- No
- Yes (please provide details below)

CONSULTANTS DETAILS

Please provide details on the services they provide:

Street Address _____
 Address 2 _____
 Suburb/Town _____
 Country _____ PC _____

14. LIVESTOCK

DO YOU HAVE LIVESTOCK: (please tick)

- No (Go to Q16)
- Yes (please provide details below)

THE AVERAGE NUMBERS OF LIVESTOCK CARRIED IS:

Sheep: _____	Poultry: _____
Cattle _____	Others _____

WILL THESE LIVESTOCK HAVE ACCESS TO CERTIFIED / TO BE CERTIFIED AREAS: (please tick)

- No
- Yes

WILL THESE LIVESTOCK BE MANAGED ORGANICALLY AS SPECIFIED IN THE ACO STANDARD: (please tick)

- No (please provide details below)
- Yes

CLIENT		WITNESS (JP)	
INITIALS _____	DATE: _____	INITIALS _____	DATE: _____

Please explain reason why these livestock are not to be included in certification:

15. ORGANIC LIVESTOCK MANAGEMENT

BREEDING METHODS OF ORGANICALLY MANAGED LIVESTOCK:

Please explain breeding methods:

REPLACEMENT STOCK AND SOURCE OF ORGANICALLY MANAGED LIVESTOCK:

Please explain replacement stock and source:

16. CONVENTIONAL/NON ORGANIC PRODUCTION

CONVENTIONAL PRODUCTION:

CROP TYPE	EST. PRODUCTION NEXT 12 MONTHS

STATEMENTS 17-20 RELATE TO THE AREAS FOR WHICH CERTIFICATION IS SOUGHT.

17. SOIL DEVELOPMENT TECHNIQUES

PROVIDE DETAILS OF SOIL DEVELOPMENT TECHNIQUES USED IN YOUR PRODUCTION SYSTEM:

i.e. green manuring, rotational cropping and grazing principles, mulching etc:

DO YOU COMPLETE REGULAR SOIL TESTING: (please tick)

- No
- Yes - how often _____.

18. INPUTS HISTORY

IS THERE IS ANY KNOWN RESIDUAL OR PAST CHEMICAL HISTORY OF THE PROPERTY THAT MAY AFFECT CERTIFICATION: (please tick)

- No

CLIENT		WITNESS (JP)	
INITIALS	DATE:	INITIALS	DATE:

Yes (please provide details below)

KNOWN RESIDUAL OR PAST CHEMICAL HISTORY OF THE PROPERTY THAT MAY AFFECT CERTIFICATION:

Please detail:

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

LIVESTOCK N/A (please tick this box if you don't have livestock) - GO TO Q21

19. PARASITE CONTROL

WRITE DOWN ANY PARASITE CONTROL (BOTH SYNTHETIC AND NATURAL) FOR LIVESTOCK USED OVER THE PAST THREE(3) YEARS OF THE PROPERTY'S HISTORY.

PRODUCT	NATURAL/ SYNTHETIC	FOR CONTROL OF	AGE OF STOCK	INTERNAL/ EXTERNAL	MONTH	YEAR

20. OTHER PRODUCTS USED

Write down other products (i.e. growth inhibitors, promotants, antibiotics, vaccines etc) used and how long they have been used.

21. CONTRACTORS

I/WE HAVE USED CONTRACTORS: (please tick)

- No
- Yes (complete details below)

CONTRACTORS USED:

CONTRACTOR NAME	JOB	MONTH	YEAR

CLIENT		WITNESS (JP)	
INITIALS	DATE:	INITIALS	DATE:
		<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

22. STORAGE METHODS

STORAGE METHODS ON OR OFF-FARM OF PRODUCTS SEEKING CERTIFICATION ARE AS FOLLOWS:

Please explain:

23. OFFSITE PROCESS DETAILS

OUR PRODUCTS ARE STORED/CLEANED/PROCESSED OFF THE PROPERTY BEFORE FINAL SALE: (please tick)

- No
 Yes (please provide details below)

OFFSITE DETAILS

PROCESS

Address 1 _____
 Address 2 _____
 Suburb/Town _____
 Country _____ PC _____

PROCESS

Street Address _____
 Address 2 _____
 Suburb/Town _____
 Country _____ PC _____

24. 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
- 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

CLIENT		WITNESS (JP)	
INITIALS	DATE:	INITIALS	DATE:

- 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 RECEIVED, READ AND UNDERSTOOD THE REQUIREMENTS OF THE CERTIFICATION PROGRAMME OPERATED BY THE BIOLOGICAL FARMERS OF AUSTRALIA:** (please tick)
- No
 Yes
- J. MY GROSS INCOME FROM ORGANIC SALES DOES NOT EXCEED \$75,000 PER ANNUM:** (please tick)
- No
 Yes
- K. MY PRODUCE IS NOT BEING EXPORTED DIRECTLY OR INDIRECTLY:** (please tick)
- No
 Yes

SIGNED:	_____	_____	_____
	Print Full Name Clearly	Signature	Date
WITNESSED BY:	_____	_____	_____
ELIGIBLE WITNESS CATEGORY (Page 11-12)	Print Full Name Clearly	Signature	Date
	Please state profession		

ALL PAGES MUST BE SIGNED, DATED AND WITNESSED BY AUTHORISED WITNESS LIST, PAGES 11-12), 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:

Chiropractor	Dentist	Legal practitioner
Medical practitioner	Nurse Optometrist	Patent attorney

CLIENT		WITNESS (JP)	
INITIALS	DATE:	INITIALS	DATE:
		[]	[]

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*)
- 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

CLIENT		WITNESS (JP)	
INITIALS	DATE:	INITIALS	DATE:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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
- (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 (JP)	
INITIALS	DATE:	INITIALS <input type="text"/>	DATE: <input type="text"/>

APPENDICES

(PLEASE ATTACH THE FOLLOWING DOCUMENTS TO SUBMIT WITH THIS STATUTORY DECLARATION)

<p style="text-align: center;">FARM MAP</p> <p>A sample farm map is attached. All requested details must be included. It is preferred the farm plan is completed on A4 size paper as a copy is forwarded to the assigned inspector and all members of the Certification Review Committee (CRC).</p>	<p style="text-align: center;">Appendix 1</p>
<p style="text-align: center;">DIRECTIONS TO PROPERTY</p> <p>Detailed directions from the nearest town must be supplied with every application to enable the inspector to visit the property.</p>	<p style="text-align: center;">Appendix 2 (form attached)</p>
<p style="text-align: center;">TOPOGRAPHICAL MAP</p> <p>A topographical map must be included with every application. Maps may be available from local council, Department of Natural Resources, DPI or other relevant departments.</p>	<p style="text-align: center;">Appendix 3</p>
<p style="text-align: center;">LEASE AGREEMENT</p> <p>If the property is leased, a lease agreement must accompany your application.</p>	<p style="text-align: center;">Appendix 4 (form attached)</p>
<p style="text-align: center;">ORGANIC FARM PLAN/ORGANIC LIVESTOCK MANAGEMENT PLAN</p> <p>A form is available to download from ACO website (www.aco.net.au) or you can obtain a form from the ACO customer support office (info@aco.net.au).</p>	<p style="text-align: center;">Appendix 5</p>

YOUR APPLICATION WILL BE RETURNED IF ALL NECESSARY INFORMATION IS NOT PROVIDED

PRODUCERS STATUTORY DECLARATION APPENDICIES

APPENDIX 1: FARM PLAN (EXAMPLE)

SAMPLE ONLY

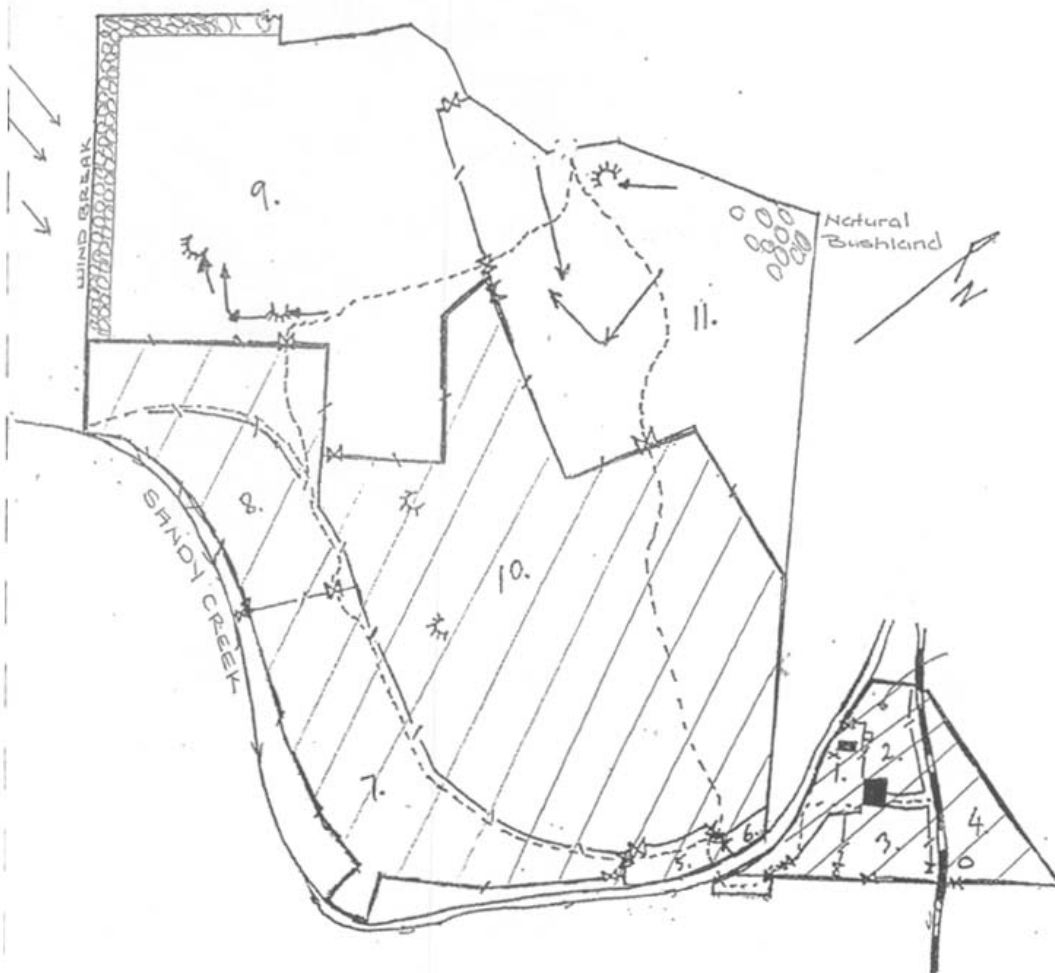
APPENDIX 1 - FARM PLAN

NAME... D. S. SMITH

Total farm area. 204 Acres/Hectares

Total area requested for certification... 119 Acres/Hectares

Please review the sample farm plan before commencing your plan. The following details must be included or this document will be returned. Area names/numbers, area of each area in acres/hectares, livestock quarantine area, indicate any old dip sites, holding yards, shearing sheds etc. dams, bores, water courses, windbreaks/buffer zones, prevailing winds. Orchards must also include number of trees, rows and species.



<p>Paddocks</p> <ol style="list-style-type: none"> 1. Shearing Shed - 3ha 2. Holding yard & paddock- 3ha 3. Home - quarantine paddock - 5ha 4. Grove - orchard paddock - 27 rows 300 Pink Lady Apples - 5ha 5. Lambing paddock - 1ha 6. Lambing paddock - 2 ha 7. Creek paddock 1 - 20ha 8. Creek paddock 2 - 20 ha 9. Hill paddock - 45 ha 10. Middle paddock - 60ha 11. Bush paddock - 40 ha 	<p>Legend</p> <ul style="list-style-type: none"> Slope of land Wind Direction Dam Internal Fence Gate Track Road Buildings 	<p>Contour bank</p> <ul style="list-style-type: none"> Water point/trough Bore Dip site Area requesting certification (part property certification only) heavy outline
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PRODUCERS STATUTORY DECLARATION APPENDICIES

APPENDIX 2: DIRECTIONS TO PROPERTY (MUST BE COMPLETED)

Name: _____	Nearest Town: _____
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*This map shows directions from the nearest largest town (as stated above) to my property. **Please complete in black or blue pen only, or provide computerised copy.***

APPENDIX 4: LEASE AGREEMENT (TO BE COMPLETED)

LEASE AGREEMENT WITH REGARD TO CERTIFICATION

LESSOR

I;

Surname	_____	Given Names	_____
Address	_____		
Address 2	_____	Postcode	_____

Telephone Number:

Being the owner of the said land Section;

Lot No	_____	Area	_____ (acres/hectares)
Hundred	_____	County	_____
Parish	_____	Shire	_____

LESSEE

The said land is leased to;

Surname	_____	Given Names	_____
Address	_____		
Address 2	_____	Postcode	_____

Commencement date of lease

Term of lease

AUTHORISATION

I HEARBY AGREE:

To allow the lessee to manage the said leased area of land as required under the 'National Certification Program' operated by the Biological Farmers of Australia.

I will not personally, nor give a direction of action which may void the lessee's certification (eg. any use of chemicals).

Authorised by:	_____	_____	_____
	Print Full Name Clearly	Signature	Date