

Australian Certified Organic Pty Ltd ABN 74 099 884 983

PO Box 810 NUNDAH (18 Eton St) BRISBANE QLD 4012 Ph: 07 3350 5706 Fax: 07 3266 5996 info@aco.net.au www.aco.net.au



ORGANIC HONEY PRODUCER

STATUTORY DECLARATION

Office Use Only:

Date Received:

Initial Inspection Paid: Y / N

Application Paid: Y / N

Letter of Acknowledgement: Y / N



Important Notice: INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

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.

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.

If certification is required for more than one beekeeping operation, on separate titles or under separate management systems, a Statutory Declaration must be completed for each operation.

All questions must be answered, write N/A, Nil or None if not applicable.

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 17-18) who has also initialled and dated the bottom of every page. **Please note: family members are ineligible to witness.**

Within one month of receipt of this document:

- A ACO authorised auditor will make an appointment to visit your operation for an evaluation for certification. This first audit of your operation should occur within the first three months from your application – unless you have elected for the fast track payment option.
- Sample/s of honey and/or beeswax may be taken for chemical residue testing at either this first or subsequent audit.
- The auditor's report 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.

Signed

Witnessed (JP)



CHECKLIST

The following checklist must be completed prior to posting your application. This will assist in the appraisal of your application.

| Information / Documentation | Tick when completed. |
|--|--------------------------|
| That all sections of the Statutory Declaration have either been answered or marked Not Applicable. | <input type="checkbox"/> |
| 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 17-18) who has also initialled and dated the bottom of every page. Please note: family members are ineligible to witness. | <input type="checkbox"/> |
| Additionally, the client and witness have printed their names, signed in full and dated this Statutory Declaration on page 16. | <input type="checkbox"/> |
| That an enterprise plan is enclosed. Details include apiary sites names/numbers, old dip sites, dams, bores and water courses. | <input type="checkbox"/> |
| That an area sketch and a written description giving clear directions from the nearest town to the honey extracting facility involved is enclosed to enable the inspector to visit the premises. | <input type="checkbox"/> |
| That a topographical map (government, blinmap – Natural Resources or similar) with property clearly marked is enclosed. | <input type="checkbox"/> |
| That a ACO ‘Lease Agreement’ is completed and enclosed if the operation is leased. | <input type="checkbox"/> |
| That a ‘Product Declaration for Feed Supplements’ form is completed for feed supplements for livestock producers – example for poultry feed, pig feed etc. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |

Forward to:

Australian Certified Organic Pty Ltd ABN 74 099 884 983

PO Box 810 NUNDAH (18 Eton St) BRISBANE QLD 4012 Ph: 07 3350 5706
 Fax: 07 3266 5996 info@aco.net.au www.aco.net.au

Signed

Witnessed (JP)



PRIMARY PRODUCER STATUTORY DECLARATION

Please print clearly in CAPITAL LETTERS

1. **THAT** I _____

2. of _____ (address)

in the State of _____

being the person responsible for this Declaration (herein referred to as the operator) and trading
as: _____

do solemnly and sincerely declare:

2. **That** being: Sole Operator, Partnership, Company, Trust, Public Company -
ACN Number / ARBN Number _____ (if applicable) and ABN Number: _____

3. **THAT** my position is: Sole Owner, Co-owner, Partner, Director, Shareholder,
 Manager, Sharefarmer, Employee, Consultant, Secretary or: _____

4. **THAT** my telephone numbers are: Business: (_____) _____

After Hours: (_____) _____ Fax: (_____) _____

Email: _____ Mobile: _____

5. **THAT** the Real Property Description is: (refer title deed/rates notice, etc)

Section of Lot no etc: _____

County/Hundred etc of: _____

Parish/County etc of: _____

Shire of: _____ State: _____

6. **THAT** I, and my organisation, have never been refused membership of / or certification
withdrawn with any certifying Organic / Bio-Dynamic organisations? YES / NO (please X)

If yes provide details: _____

Signed

Witnessed (JP)



Statements 7 - 18 relate to your entire property, whether seeking full certification or not.

7. **THAT** the entire area of the property is: _____ Hectares (NB in hectares only)

8. **THAT** I/ We have _____ .Ha of arable land
 _____ Ha of non arable land
 Total _____ Ha
 Consisting of: _____ Ha of native vegetation
 _____ Ha of irrigated country
 _____ Ha of horticulture practice
 _____ Ha of broadacre cropping (annually)
 _____ Ha of tree crops/vines
 _____ Ha of grazing/pastoral country

*** Please attach a map of hives and forages and a list of numbers of hives with ID#.**

9. **THAT** soil type/s consist of: _____
 10. **THAT** average rainfall is: _____
 11. **THAT** the property has been in the control of the operator since: _____
 12. **THAT** if leased or share farmed, the owner is: _____

Address: _____

Telephone: () _____ **N/A**

Please note, where relevant, a lease agreement must accompany this application, complete lease agreement – Appendix 6.

13. **THAT** Organic Certification is requested on:
 i) Whole operation YES / NO (please X)
 ii) If NO, area seeking certification _____ Ha

Signed

Witnessed (JP)



iii) Reason why whole operation is not to be certified:

14. **THAT** the following is a brief description of bee farming practices on area/s not seeking certification:

15. **THAT** I hereby apply for ACO organic certification for the following products:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

16. **THAT** we use the following consultant/s: _____ **N/A** (Please circle)

Address:

For the following service/s:

.....
.....

17. The average number of hives carried is:

i) Hives: _____

ii) Nucleus Hives: _____

Will these hives only have access to certified / to be certified areas?

YES / NO (please X)

Will all these hives be managed organically as specified in the BFA Standard?

YES / NO (please X)

If NO please explain reason why these hives are not to be included in certification.

Signed

Witnessed (JP)



Signed

Witnessed (JP)

[Approved: Michael Baker 28/05/2013]



Statements 19 - 50 relate to the areas for which certification is sought. The ACO require an accurate and comprehensive report on all practices and inputs for the past three years. If more space is required, please append extra sheets.

18. That in relation to potential contaminants I declare that:

- a) No GMO (Genetically Modified Organism) crops are planted within a minimum distance of 5 km radius from any hives managed for certification.
- b) Hives will be maintained at a distance sufficient to ensure no contamination may occur from pollen from GMO crops – at a minimum this distance shall be a 5 km radius from any hives managed for certification
- c) No other contamination sources are present – as specified in the BFA Standard – within a minimum distance of 5 km radius from any hives managed for certification.
- d) All potential sources of contamination are managed in a manner to reduce or eliminate risks to contamination from sources as specified in the BFA Standard.
- e) All hives are placed so as only to allow foraging by bees in regions which, have been verified not to have received prohibited inputs as specified in the BFA Standard for at least the last 3 years.

19. For all areas where foraging will occur that synthetic soluble fertilisers have been applied (eg. superphosphate, muriate or sulphate of potash, nitrogenous fertilisers, including urea, etc) as specified below over the past three (3) years of the foraging regions history:

NIL – **N/A** (Please X)

| Product Name | Type | Rate/ha | Paddock Area Name/Number | Area Covered | Month | Year |
|--------------|------|---------|--------------------------|--------------|-------|------|
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Signed

Witnessed (JP)



20. **THAT** natural fertilisers (eg crushed rock, {minerals} liquid, animal manures {raw/processed}, composts etc) have been used in the foraging region as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

| Product Name | Type | Rate/ha | Area Name/Number | Area Covered | Month | Year |
|--------------|------|---------|------------------|--------------|-------|------|
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21. **THAT** soil activators have been used in the foraging region as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

| Product Name | Type | Rate/ha | Area Name/Number | Area Covered | Month | Year |
|--------------|------|---------|------------------|--------------|-------|------|
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Signed

Witnessed (JP)



22. **THAT** specific trace elements have been used in the foraging region as specified below over the past three (3) years of the foraging regions history. **NIL** – **N/A** (Please X)

| Element | Rate/ha | Area Name/Number | Area Covered | Month | Year |
|---------|---------|------------------|--------------|-------|------|
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23. **THAT** agricultural chemical insecticides have been used in the foraging region as specified below over the past three (3) years of the foraging region’s history. **NIL** – **N/A** (Please X)

| Product Name | For Control Of | Area Name/Number | Area Covered | Month | Year |
|--------------|----------------|------------------|--------------|-------|------|
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24. **THAT** natural sprays have been used in the foraging region (eg. pyrethrums, etc.) as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

| Product Name | For Control Of | Area Name/Number | Area Covered | Month | Year |
|--------------|----------------|------------------|--------------|-------|------|
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Signed

Witnessed (JP)



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25. **THAT** chemical weed control has been used in the foraging region as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

| Product Name | For Control Of | Area Name/Number | Area Covered | Month | Year |
|--------------|----------------|------------------|--------------|-------|------|
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26. **THAT** non-chemical weed control has been used in the foraging region as specified below over the past three (3) years of the foraging regions history. **NIL** – **N/A** (Please X)

| Product Name | For Control Of | Area Name/Number | Area Covered | Month | Year |
|--------------|----------------|------------------|--------------|-------|------|
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27. **THAT** defoliant have been used in the foraging region as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

| Product Name | For Control Of | Area Name/Number | Area Covered | Month | Year |
|--------------|----------------|------------------|--------------|-------|------|
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28. **THAT** fungicides have been used in the foraging region (including pre-treated seed

Signed

Witnessed (JP)



dressing) as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

| Product Name | For Control Of | Area Name/Number | Area Covered | Month | Year |
|--------------|----------------|------------------|--------------|-------|------|
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29. **THAT** the premises has been sprayed by Statutory or related authorities, or by external contractors, for weeds, locusts, etc, including irrigation drains, adjoining roadsides, etc as specified below over the past three (3) years of the foraging regions history: **NIL** - **N/A** (Please X)

| Product Name | For Control Of | Area Name/Number | Area Covered | Month | Year |
|--------------|----------------|------------------|--------------|-------|------|
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30. **THAT** vermin control for rabbits, pigs, kangaroos, grasshoppers etc has been practised as specified below over the past three (3) years of foraging regions history: **NIL** – **N/A** (Please X)

| Product Name | For Control Of | Area Name/Number | Area Covered | Month | Year |
|--------------|----------------|------------------|--------------|-------|------|
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31. **THAT** I/we have used fumigants as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

| Product Name | For Control Of | Area Name/Number | Area Covered | Month | Year |
|--------------|----------------|------------------|--------------|-------|------|
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Signed

Witnessed (JP)



32. **THAT** the source of the irrigation I / we use, and the method of application is:

N/A (Please X)

LIVESTOCK

33. **THAT** for registered conventional chemical or other synthetic external parasite control for management of bees/hives, that such products have been used as specified below over the past three (3) years of the foraging regions and hive management history:

NIL – **N/A** (Please X)

| Product Name | For Control Of | Hive #s/ID | Month | Year |
|--------------|----------------|------------|-------|------|
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34. **THAT** I / We have used other means for external parasite control in hives as specified below over the past three (3) years of the foraging regions/hives history:

NIL – **N/A** (Please X)

| Product Name | For Control Of | Hive #s/ID | Month | Year |
|--------------|----------------|------------|-------|------|
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35. **THAT** I / We have used registered conventional chemical or other synthetic internal parasite control for all managed hives as specified below over the past three (3) years of the operation’s history: **NIL** – **N/A** (Please X)

| Product Name | For Control Of | Hive #s/ID | Month | Year |
|--------------|----------------|------------|-------|------|
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Signed

Witnessed (JP)



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36 **THAT** I / We have used other means of internal parasite control in all managed hives as specified below over the past three (3) years of the operation's history:

NIL – N/A (please X)

| Product Name | For Control Of | Hive #s/ID | Month | Year |
|--------------|----------------|------------|-------|------|
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37. **THAT** the following products have/have not been used by me/us for bee farming:
 (please indicate X)

- a) Growth inhibitors, regulators, promotants: YES / NO ____ years
- b) Sewage sludge or products containing same: YES / NO ____ years
- c) Commercial stock feed - licks: YES / NO ____ years
- d) Antibiotics: YES / NO ____ years
- e) Chemical colorants: YES / NO ____ years
- f) Vaccines: YES / NO ____ years
- g) Irradiated products YES / NO ____ years
- h) Synthetic amino acids (livestock) YES / NO ____ years
- i) Any other synthetic chemicals used: YES / NO ____ years
- J) Any genetically engineered seedstock YES / NO ____ years

If YES to any of the above, please provide details:

38. **THAT** I / We have used contractors as set out in the following:
 YES / NO (please X)

| Name | Job | Month & Year |
|------|-----|--------------|
|------|-----|--------------|

Signed

Witnessed (JP)



39. **THAT** the storage facilities seeking certification are as follows:

40. **THAT** if products are dried I / We use: _____ - **N/A** (Please X)

- a) Natural methods of _____
- b) Heat Exchange _____
- c) Other (please specify) _____

41. **THAT** our products are value-added (ie: products processed in any way) on operation:
 YES / NO (please X)

If YES – refer also to Processor Statutory Declaration.

42. **THAT** our products are sold directly through conventional market outlets: YES / NO

Please detail: _____

43. **THAT** if products are to be stored, cleaned or processed off the operation before final sale, the details of such commercial entities involved are: **N/A** (Please X)

Name: _____

Address: _____

Telephone No: () _____

44. **THAT** there is any known residual or past chemical history of the entire foraging area for certification.
 YES / NO (please X)

(If yes, please specify):

45. 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

Signed

Witnessed (JP)



- 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
- 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 have read and understood the current version of the Australian Organic Pty 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

Signed

Witnessed (JP)



**WITNESSED
 BY:**

_____ Print Full Name Clearly _____ Signature _____ Date

ELIGIBLE WITNESS
 CATEGORY
 (Pages 10-12)

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*)

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

Signed

Witnessed (JP)



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
- (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

Signed

Witnessed (JP)

APPENDICES

| | |
|---|-------------------|
| <p>ENTERPRISE PLAN</p> <p>A enterprise plan must be included with every application. Please review the sample enterprise plan before commencing your plan. All requested details must be included. It is preferred the enterprise 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> | Appendix 1 |
| <p>DIRECTIONS TO PREMISES</p> <p>Detailed directions from the nearest town must be supplied with every application to enable the inspector to visit the premises.</p> | Appendix 2 |
| <p>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. Please attach the map to the inside back cover of this document.</p> | Appendix 3 |
| <p>LIVESTOCK EXEMPTION FORM</p> <p>Complete this form if livestock are <u>not</u> maintained in your organic management system.</p> | Appendix 4 |
| <p>PRODUCT DECLARATION FOR FEED SUPPLEMENTS</p> <p>Complete this form if feed supplements (commercial products/own blend) are included in your organic management system.</p> | Appendix 5 |
| <p>LEASE AGREEMENT</p> <p>If the premises are leased, a lease agreement must accompany your application.</p> | Appendix 6 |
| <p>ADDITIONAL INFORMATION</p> <p>It is optional to forward additional information. Should you wish to do so, attach to the inside back cover of this document.</p> | Appendix 7 |

Your application will be returned if all necessary information is not provided.

Signed

Witnessed (JP)

APPENDIX 1 - ENTERPRISEPLAN NAME.....

Total farm area.....Acres/Hectares

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

Please review the sample farm plan (next page) 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 and neighbouring activities. Orchards must also include number of trees, rows and species.

Please complete in black or blue pen only, or provide computerised copy.

| | | |
|---|---|---|
| <p>Paddocks</p> <p>1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11.</p> | <p>Legend Slope of land Wind Direction Dam Internal Fence Gate Track Road Buildings</p> | <p>Contour bank Water point/trough Bore Dip site</p> <p>Area requesting certification (part property certification only)</p> |
|---|---|---|

Signed

Witnessed (JP)

APPENDIX 2 - DIRECTIONS TO PREMISES

NAME.....

This map shows directions from the nearest largest town (town name) to my property.

Signed

Witnessed (JP)