



JAS APPLICATION

1. CLIENT DETAIL

TRADING NAME	
ACO CERTIFICATION #	
Type of business (i.e. Producer, Processor etc)	
POSTAL ADDRESS	
PREMISES ADDRESS (Address where you wish to have certified.)	
TELEPHONE	
FAX	
EMAIL	

2. PRODUCT DETAIL

LIST ALL PRODUCT YOU WISH TO BE CERTIFIED FOR JAS (INGREDIENT DECLARATIONS MUST BE ATTACHED FOR EACH PRODUCT.)

1		5	
2		6	
3		7	
4		8	

3. CERTIFICATION TYPE (Please tick)

- Agricultural Producer
 Processor
 Feed Producer
 Repacker/Sub-divider/Relabeller

4. AGREEMENT

1	I understand that I have to prepare certain specified documents that are required for becoming JAS certified.	<input type="checkbox"/> YES
2	I understand that I have to follow ACO's instructions and disclose necessarily documents at any time on ACO's request.	<input type="checkbox"/> YES
3	I understand that I have to comply with JAS law and handle JAS logo appropriately.	<input type="checkbox"/> YES
4	I understand that Production Process Manager Director and Grading manager and staff have to attend a JAS training	<input type="checkbox"/> YES
5	I understand that I have to submit annual JAS grading report to ACO at the end of June each year.	<input type="checkbox"/> YES



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5. PREVIOUS APPLICATION

1	Have you ever been certified for JAS previously? (If yes, write down the year when your JAS certification was withdrawn.)	
2	Have you ever received a non compliance of certification?	
3	Has the non compliance been corrected? Please write down the details.	

PAYMENT METHODS

CHEQUE OR MONEY ORDER

PAYABLE TO:	Australian Certified Organic	IMPORTANT: PLEASE MARK CHEQUES NOT NEGOTIABLE
DIRECT CREDIT PAYABLE TO:	Australian Certified Organic Bank: Suncorp Metway Branch: Toowoomba City – Ruthven St Toowoomba QLD 4350 BSB: 484-799 A/C: 049 831 630	IMPORTANT: TO ENSURE FUNDS ARE PROMPTLY AND CORRECTLY CREDITED TO YOUR ACCOUNT YOU MUST: 1. Reference your transaction with the number of the invoice you are paying or your company name; and 2. Fax or email a remittance advice detailing your company name, the date and amount of your payment and the invoice numbers that you have paid. <i>Fax: 07 3350 5996 or Email: accounts@bfa.com.au</i>

CREDIT CARD

AMOUNT (AUS\$):	\$ 455.00	TYPE OF CARD: (PLEASE TICK):
EXPIRY DATE:		<input type="checkbox"/> BANKCARD
NAME ON CARD:		<input type="checkbox"/> MASTERCARD
SIGNATURE:		<input type="checkbox"/> VISA
CARD NUMBER:		<i>We are unable to accept AMEX</i>



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I HEREBY DECLARE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

NAME; _____

TITLE; _____

SIGNATURE _____ DATE; _____