



STATUTORY DECLARATION ORGANIC PROCESSORS

NOTE: PLEASE RETURN THIS COMPLETED DOCUMENT TO THE ACO OFFICE AT: ADDRESS STATED ABOVE

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 FACILITY, on separate titles or under separate management systems, a Statutory Declaration must be completed for each FACILITY.

ALL QUESTIONS MUST BE ANSWERED, WRITE N/A, NIL OR NONE IF NOT APPLICABLE.

This document must be signed **on each page** and where indicated on the last page, in the presence of a witness, as specified in eligible witness list Pages 5-7.

Within one month of receipt of this document:

- An ACO authorised auditor will make an appointment to visit your FACILITY for an evaluation for certification. This first audit of your property should occur within the first three months from your application – unless you have elected for the fast track payment option.
- Sample/s of PRODUCT may be taken for chemical residue testing.
- The auditor's report is forwarded to the Certification Review Committee, which analyses all factors relating to organic processing. 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.

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

CHECKLIST	TICK WHEN COMPLETE
All sections of the Statutory Declaration have either been answered or marked NA	
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 5-7) 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 .	
Organic Handling Plan has been filled out.	
Documents required in Organic Handling Plan have been attached.	
That an area sketch and a written description giving clear directions from the nearest town to the facility involved is enclosed to enable the auditor to visit the property.	

STATUTORY DECLARATION ORGANIC PROCESSORS



1. LICENSEE(S) DETAILS

I, BEING THE PERSON RESPONSIBLE FOR THIS DECLARATION (HEREIN REFERRED TO AS THE OPERATOR):

Surname _____	Given Names _____
---------------	-------------------

TRADING AS:

Trading Name _____

DO SOLEMNLY AND SINCERELY DECLARE:

2. OPERATION DETAILS

OPERATION TYPE: (please tick)

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Company | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Operator |
| <input type="checkbox"/> Public Company | <input type="checkbox"/> Trust | |

BUSINESS NUMBERS:

ABN _____	ARBN (If applicable) _____
-----------	----------------------------

3. POSITION DETAILS

MY POSITION IS: (please tick)

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Sole Owner | <input type="checkbox"/> Partner | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Co-owner | <input type="checkbox"/> Director | <input type="checkbox"/> Shareholder |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Manager | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Sharefarmer | <input type="checkbox"/> Other (please specify) _____ | |

4. SHAREHOLDER / PARTNER DETAILS

SHAREHOLDER / PARTNER 1:

Surname _____	Given Names _____
---------------	-------------------

SHAREHOLDER / PARTNER 2:

Surname _____	Given Names _____
---------------	-------------------

SHAREHOLDER / PARTNER 3:

Surname _____	Given Names _____
---------------	-------------------

SHAREHOLDER / PARTNER 4:

Surname _____	Given Names _____
---------------	-------------------

CLIENT

WITNESS (JP)

Initials _____	Date: _____	Initials _____	Date: _____
----------------	-------------	----------------	-------------

5. CONTACT DETAILS

MY CONTACT DETAILS ARE:

Telephone (BUS)	_____	FAX (BUS)	_____
Telephone (AH)	_____	FAX (AH)	_____
Mobile	_____	Email	_____

6. PROCESSING FACILITY ADDRESS DETAILS

POSTAL ADDRESS:

PHYSICAL ADDRESS:

Address	_____	Address	_____
Suburb	_____	Suburb	_____
Postcode	_____	Postcode	_____

7. BUSINESS ACTIVITIES

THAT CORE BUSINESS ACTIVITIES ARE:

8. CERTIFICATION TYPE

THAT CERTIFICATION IS SOUGHT AS AN: (please tick)

- | | |
|--|---|
| <input type="checkbox"/> Independent Processor | <input type="checkbox"/> Contract Processor |
| <input type="checkbox"/> Independent Packer | <input type="checkbox"/> Contract Packer |

AND THAT THE NAMES OF RELEVANT OTHER PARTIES OR BUSINESSES ASSOCIATED WITH THE HANDLING AND PROCESSING OF CERTIFIED PRODUCTS ARE/WILL BE

(IF YOU ARE CONTRACT PACKER/PROCESSOR, YOU MUST WRITE DOWN THE COMPANY YOU ARE PACKING/PROCESSING FOR.)

9. CURRENT CERTIFICATION

ARE YOU CURRENTLY CERTIFIED WITH ANY OTHER CERTIFYING BODIES? (please tick)

- No
 Yes (please provide details below)

HAVE YOU BEEN CERTIFIED WITH ANY OTHER CERTIFYING BODIES AND HAVE YOU EVER BEEN DENIED CERTIFICATION OR DECERTIFIED? (please tick)

- No
 Yes (please provide details below of certification body and reason)

CLIENT		WITNESS (JP)	
Initials	Date:	Initials	Date:
_____	_____	_____	_____

10. PROCESS DESCRIPTION

THAT THE DESCRIPTION OF PROCESSES INVOLVED IN HANDLING AND PROCESSING ORGANIC CERTIFIED PRODUCT IS?

11. OTHER CERTIFIED PRODUCTS

THAT THERE ARE PRODUCTS, OTHER THAN ACO CERTIFIED PRODUCT HANDLED AND PROCESSED? (please tick)
NO

Yes (please provide details below)

12. FURTHER COMMENTS (If necessarily)

THAT FURTHER COMMENTS ARE:

13. NOTIFICATION

THAT ANY DEPARTURE FROM THE REQUIREMENTS SPECIFIED BY THE CURRENT BIOLOGICAL FARMERS OF AUSTRALIA FOR ORGANIC PRODUCTION, PROCESSING AND MARKETING MUST BE NOTIFIED TO THE ACO IN WRITING AS THIS OCCURS.

14. DECLARATION

- A. 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 PROCESSING PRACTICES: (please tick)
- No
 Yes
- B. I HAVE READ AND UNDERSTOOD THE CURRENT VERSION OF THE BIOLOGICAL FARMERS OF AUSTRALIA CO-OP LTD STANDARD HEREIN REFERRED TO AS "THE AUSTRALIAN ORGANIC STANDARD", WHICH IS ADMINISTERED BY ACO: (please tick)
- No
 Yes
- C. I ACKNOWLEDGE THIS DECLARATION IS MADE WITH A CLEAR UNDERSTANDING OF THE REQUIREMENTS SET OUT IN THE CURRENT ACO AND ACO'S CERTIFICATION PROGRAM "ORGANIC STANDARD": (please tick)
- No
 Yes

CLIENT		WITNESS (JP)	
Initials _____	Date: _____	Initials _____	Date: _____

D. 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

E. 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

F. 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

G. 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 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	Please state profession		
(Pages 5 - 7)			

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	

CLIENT	WITNESS (JP)
Initial _____ Date: _____ s _____	Initial _____ Date: _____ s _____

- (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
 - 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

CLIENT		WITNESS (JP)	
Initial s _____	Date: _____	Initial s _____	Date: _____

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)	
Initial s _____	Date: _____	Initial s _____	Date: _____