

# STATUTORY DECLARATION

## EXTENSION TO AREA

### OGA 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 the last page before a Justice of the Peace, Police Officer, a Commissioner for Declarations, a Barrister or Solicitor.
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 NA	
This Statutory Declaration has been initialled and dated at the <b>bottom of every page</b> by the client, in the presence of the witness, who has also initialled and dated the bottom of every page. The witness must be a Justice of the Peace, Commissioner for Declarations, a Barrister or Solicitor.	
Additionally, the client and witness have printed their names, signed in full and dated this Statutory Declaration where indicated in the <b>boxed section</b> .	
Required appendices are attached ( <b>Appendix 1-3</b> )	

**1. LICENSEE(S) DETAILS**

GIVEN NAMES:			TRADING NAME:		
SURNAME:					
<b>PROPERTY ADDRESS</b>					
ADDRESS 1:					
ADDRESS 2:					
SUBURB OR TOWN:		POSTCODE:			
STATE:		COUNTRY:			

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

**2. OPERATION DETAILS**

ABN:		TICK APPLICABLE	<input type="checkbox"/> Company
ARBN:			<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):		FAX (W):	
TELEPHONE (AH):		FAX (AH):	
MOBILE:		EMAIL:	

**5. REAL PROPERTY DESCRIPTION (REFER TITLE DEED/RATES NOTICE)**

LOT NO:		AREA:		(acres/hectares)
HUNDRED:		COUNTY:		
PARISH:		SHIRE:		
LOCATION		STATE:		

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"/>

## 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)

## EXTENSION AREA DETAILS

### 9. EXTENSION AREA OF PROPERTY

THE EXTENSION AREA OF THE PROPERTY IS:

Property Area: \_\_\_\_\_ HECTARES ONLY

### 10. EXTENSION AREA 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: _____
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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 (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:**

(If you request additional products to be added as part of an extension application, please provide an update OFP covering the additional management practices)

Product 1 _____	Product 4 _____
Product 2 _____	Product 5 _____
Product 3 _____	Product 6 _____

**13. INPUTS HISTORY**

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

- No
- 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	DATE:

**WRITE DOWN ANY INPUTS (INCLUDING FERTILISERS, COMPOST, MICRONUTRIENTS, SOIL AMENDMENT, PEST CONTROL, WEED CONTROL, FUNGASIDE ETC) USED OVER THE PAST **THREE (3) YEARS** OF THE PROPERTY'S HISTORY.**

**(If more space is required, please append extra sheets.)**

PRODUCT NAME	TYPE	Natural/ Synthetic	RATE/HA	Paddock AREA NAME/NUMBER	AREA COVERED	MONTH	YEAR

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

**LIVESTOCK**  N/A (please tick this box if you don't have livestock)

**14. 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

**15. 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
- 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

CLIENT		WITNESS (JP)	
INITIALS	DATE:	INITIALS	DATE:



- 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

<b>SIGNED:</b>	_____	_____	_____
	Print Full Name Clearly	Signature	Date
<b>WITNESSED BY:</b>	_____	_____	_____
(JP)	Print Full Name Clearly	Signature	Date

**A THIS DOCUMENT MUST BE SIGNED BEFORE A JUSTICE OF THE PEACE, A COMMISSIONER FOR DECLARATIONS, A BARRISTER OR SOLICITOR.**

**B ALL PAGES MUST BE SIGNED AND WITNESSED OTHERWISE DOCUMENT WILL BE RETURNED**

CLIENT	WITNESS (JP)
INITIALS _____	INITIALS <input style="width: 150px; height: 20px;" type="text"/>
DATE: _____	DATE: <input style="width: 100px; height: 20px;" type="text"/>

# APPENDICES

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

<p style="text-align: center;"><b>UPDATED FARM MAP</b></p> <p>Please submit an updated farm map that clearly shows where the extension area is in relation to the existing certified lands. 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;"><b>Appendix 1</b></p>
<p style="text-align: center;"><b>DIRECTIONS TO PROPERTY</b></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;"><b>Appendix 2 (form attached)</b></p>
<p style="text-align: center;"><b>LEASE AGREEMENT</b></p> <p>If the property is leased, a lease agreement must accompany your application.</p>	<p style="text-align: center;"><b>Appendix 3 (form attached)</b></p>
<p style="text-align: center;"><b>ORGANIC FARM PLAN/ORGANIC LIVESTOCK MANAGEMENT PLAN</b></p> <p>If new additional products are requested as part of the extension area, please supply an updated OFP/OLMP covering all management practices.</p>	<p style="text-align: center;"><b>(If necessary)</b></p>

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



# PRODUCERS STATUTORY DECLARATION APPENDICIES

## APPENDIX 1: FARM PLAN (EXAMPLE)

SAMPLE ONLY

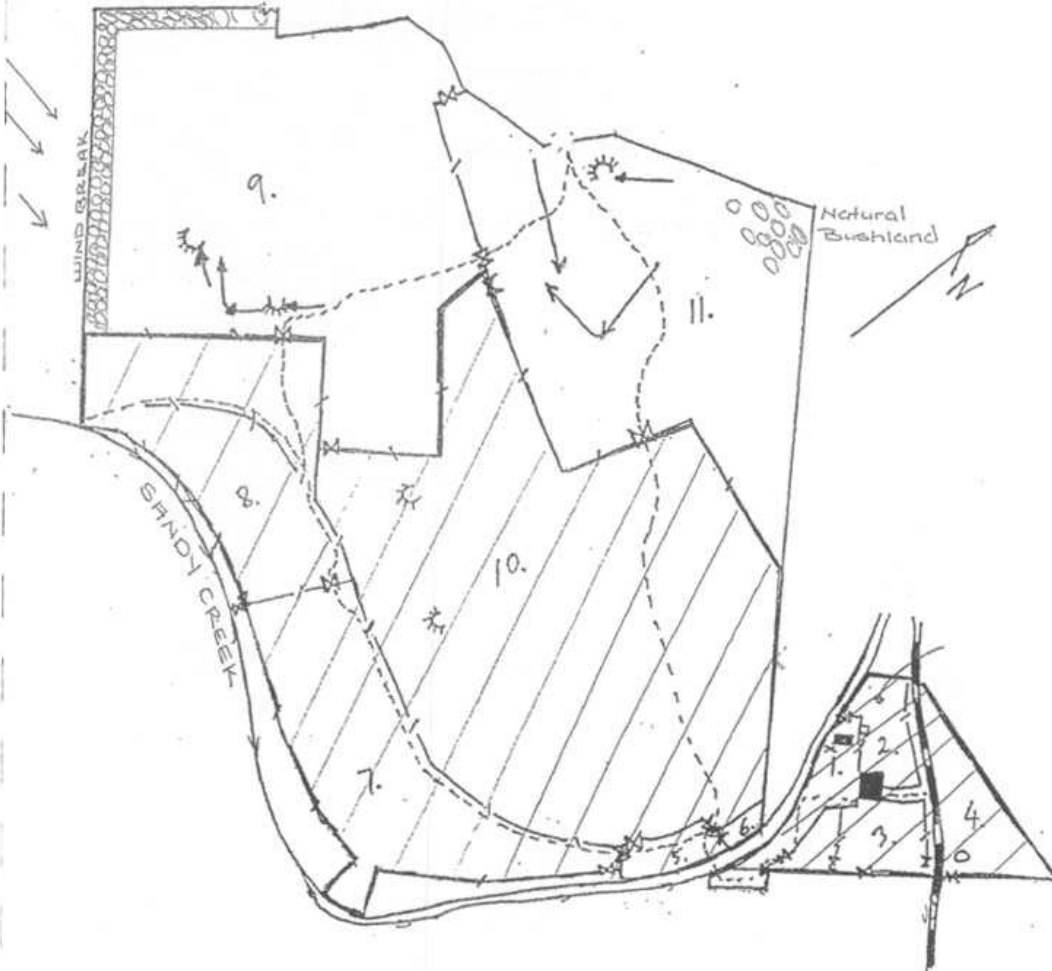
APPENDIX 1 - FARM PLAN

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.



<b>Paddocks</b> 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	<b>Legend</b> Slope of land Wind Direction Dam Internal Fence Gate Track Road Buildings	Contour bank Water point/trough Bore Dip site Area requesting certification (part property certification only) + heavy outline
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# PRODUCERS STATUTORY DECLARATION APPENDICIES

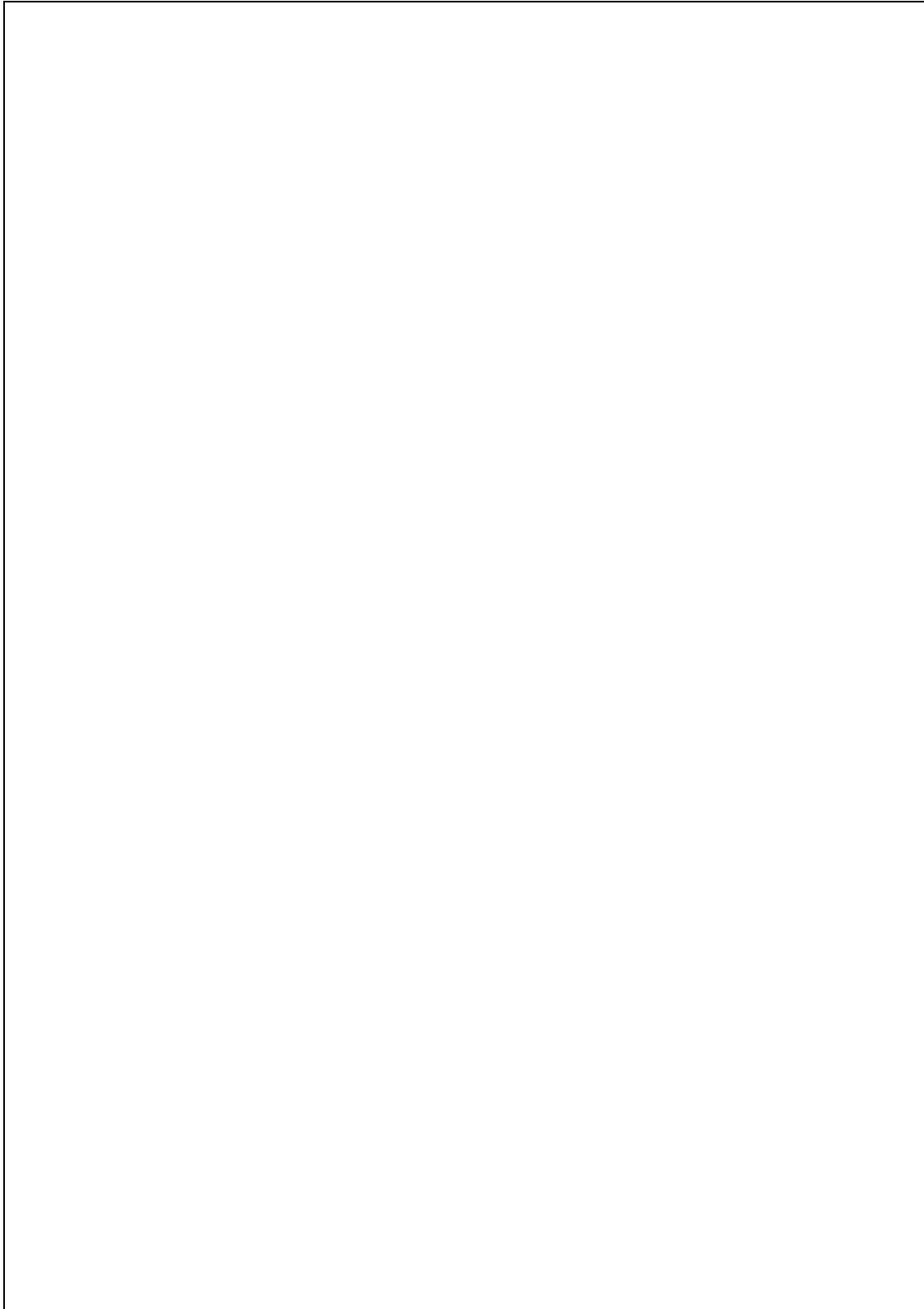
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## APPENDIX 2: DIRECTIONS TO PROPERTY (MUST BE COMPLETED)

Name: \_\_\_\_\_

Nearest Town: \_\_\_\_\_

*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 3: 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