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| APPLICANT DETAILS |
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| Trading Name: |  |  | Type of Business: |  |  |
| ABN: |  |  | Cert No. *If applicable*: |  |  |
| **Business Owner** |  |  |  |  |  |
| First Name: |  |  | Telephone/Mobile: |  |  |
| Surname: |  |  | Email: |  |  |
| **Accounts Contact** |  |  |  |  |  |
| First Name: |  |  | Telephone/Mobile: |  |  |
| Surname: |  |  | Email: |  |  |
| **Operational Address(s)** |  |  | **Postal Address** | [ ]  Same as Operational address |  |
| Address 1: |  |  | Address 1: |  |  |
| Address 2: |  |  | Address 2: |  |  |
| Suburb or Town |  |  | Suburb or Town |  |  |
| State and Postcode |  |  | State and Postcode |  |  |
| Country |  |  | Country |  |  |
| **Authorised Contact 1** | [ ]  Same as Business Owner |  | **Authorised Contact 2** | *If applicable* |  |
| First Name: |  |  | First Name: |  |  |
| Surname: |  |  | Surname: |  |  |
| Telephone: |  |  | Telephone: |  |  |
| Mobile: |  |  | Mobile: |  |  |
| Email: |  |  | Email: |  |  |
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| **SCOPE OF APPLICATION** |
| Type of Operation: | [ ]  Single Operator | [ ]  Group of Operators |
| Activities: | [ ]  Production | [ ]  Preparation |
| [ ]  Distribution | [ ]  Storing |
| [ ]  Import | [ ]  Export |
| Product Categories: | [ ]  (a) Unprocessed plants and plant products |
| [ ]  (b) Livestock and unprocessed livestock products |
| [ ]  (d) Processed agricultural products for use as food |
| [ ]  (e) Feed |
| [ ]  (f) Wine |
| [ ]  (g) Other, please specify: |  |

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| **PREVIOUS CERTIFICATION** |
| Are you currently or have you previously been certified with another certifying body? | [ ]  Yes |
| [ ]  No |
| If yes, please provide the following information: |
| Name of certifying body: |  |
| Certification number: |  |
| Current status and validity of certification: |  |
| Do you have any outstanding non-compliances in relation to this certification? | [ ]  Yes |
| [ ]  No |
| If yes, please specify: |  |
| **DECLARATION** |
| [ ]  | I agree to give ACO access to all parts of all production units and all premises for control purposes, as well as to the accounts and relevant supporting documents. |
| [ ]  | I agree to provide ACO with any information necessary for the purpose of the controls. |
| [ ]  | I agree to submit, when requested by ACO, the results of internal quality assurance programmes. |
| [ ]  | I agree to inform buyers of products in writing and without undue delay, and to exchange relevant information with ACO, in the event that a suspicion of non-compliance has been substantiated, that a suspicion of non-compliance cannot be eliminated, or that non-compliance that affects the integrity of the products in question has been established. |
| [ ]  | I agree to accept the transfer of my control file in case of a change of certifying body or, in the case of withdrawal from organic production, the keeping of the control file by ACO for 5 years. |
| [ ]  | I agree to inform ACO immediately in the event of withdrawal from organic production. |
| [ ]  | I agree, in the event that subcontractors are subject to controls by different certifying bodies, to accept the exchange of information between ACO and those certifying bodies. |
| [ ]  | I agree to perform activities in accordance with the organic production rules.  |
| [ ]  | I agree to accept the enforcement of corrective measures established by ACO in the event of non-compliances. |
| [ ]  | I agree to be subject to and carry costs for additional audits if operation and activities are identified as EU High Risk. |
| [ ]  | I agree to be subject to and carry costs for any testing required for EU High risk products and export.  |
| **Name:** |  | **Signature:** |  |
| **Date:** |  |  |  |
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| **PAYMENT OPTIONS** |
| Upon submitting this application and supporting documentation, ACO will issue an invoice for the selected services as per the ACO Fee Schedule, which must be paid for the application process to commence. Payment options include credit card, EFT or cheque made payable to ACO Certification Ltd. **Please note: prices on the ACO Fee Schedule are exclusive of GST.** |