

JAS Application

Livestock Product/Livestock Feed

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. If a group certification, please attach a list of operations and their address at the bottom of this application form)	<input type="checkbox"/> Group certification (attach a list of operation)
CONTACT 1	Name: _____ Mobile: _____ Email: _____
CONTACT 2	Name: _____ Mobile: _____ Email: _____

2. PRODUCT DETAIL

LIST ALL PRODUCT YOU WISH TO BE CERTIFIED FOR JAS (e.g. Cattle, Cut meat, Grains (feed))			
1		5	
2		6	
3		7	
4		8	

3. CERTIFICATION TYPE (Please tick)

<input type="checkbox"/> Agricultural Producer (for Feed)	<input type="checkbox"/> Livestock Farmer	<input type="checkbox"/> Abattoir
<input type="checkbox"/> Meat Processor (simple cut/divide)	<input type="checkbox"/> Feed processor	
Note: Processor (e.g. mixed ingredients) and Repacker/Re-labeler must complete JAS Application for those scope.		

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 necessary 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, Grading Manager and Grading 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 after completion of the fiscal 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 (If yes, write down the year when your JAS certification was withdrawn.)	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.	

6. 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.

7. DECLARATION

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

Name:	
Title:	
Signature:	
Date:	