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| **Instructions for completing this form:**   1. **Please complete this form and submit back to the ACO Office on or before the USDA Anniversary Date listed on your ACO Certificate or 30 days prior to annual audit.** 2. **If the question is not relevant – please indicate N/A – do not leave blank.** 3. **For livestock operations, please submit your Livestock Inventory and any supporting documentation with this form to the ACO Office.** 4. **This document is a declaration of changes made to your existing Organic Farm or Livestock Management Plan; it does not replace that plan. If changes are made, please submit your updated OFP or OLMP along with the summary.** | | | | | | | |
| **SECTION 1 – CONTACT DETAILS** | | | | | | | |
| First Name |  | | | | Last Name | |  |
| Trading Name |  | | | | | | |
| Certification Number |  | | | | Operation Type | | E.g. Livestock / cropping |
| Main Operation Address | Other Certified Properties – refer to Section 4 | | | | | | |
| Contact Address |  | | | | | | |
| Email |  | | | | | | |
| Phone |  | | | | | | |
| **SECTION 2 – CHANGES TO OPERATION IN THE LAST 12 MONTHS** | | | | | | | |
| Please provide a description of any changes to your operation and organic management plan that have occurred in the last year or are planned for the upcoming year:  *Please provide supporting evidence for changes (e.g., maps, SDSs for inputs, supplier certificates)*  Please ensure your Organic Management Plan been reviewed and updated to include these changes | | | | | | | |
| New Land | | | Yes  No | | | If Yes, have you submitted an Extension to Area application to ACO (charged as per fee schedule) | |
| New Crop/s – (charged as per fee schedule) | | | Yes  No | | | List: | |
| Have seeds/seedlings been brought in? | | | Yes  No | | |  | |
| Crop Rotation | | | Yes  No | | |  | |
| Soil Management | | | Yes  No | | |  | |
| Soil Inputs – (indicate name, supplier, and brand) | | | Yes  No | | |  | |
| Compost – Provide details | | | Yes  No | | |  | |
| Weed Management | | | Yes  No | | |  | |
| Weed Control – (indicate name, supplier, and brand) | | | Yes  No | | |  | |
| Pest and Disease Control (indicate name, supplier, and brand) | | | Yes  No | | |  | |
| Water and Irrigation Management | | | Yes  No | | |  | |
| Feral Animal Control – (indicate method) | | | Yes  No | | |  | |
| Biodiversity | | | Yes  No | | |  | |
| Crop Harvest / Transport / Storage | | | Yes  No | | |  | |
| Buildings / Yards / Sheds | | | Yes  No | | | If yes, please provide an updated farm map | |
| Roads / Infrastructure | | | Yes  No | | | If yes, please provide an updated farm map | |
| Quarantine Paddock/s | | | Yes  No | | | If yes, please provide an updated farm map | |
| Livestock Management | | | Yes  No | | |  | |
| Livestock Grazing Management | | | Yes  No | | |  | |
| Livestock Feed Supplements (indicate name, supplier, brand, certification details) | | | Yes  No | | | If yes, you need to update and submit your pasture rule form | |
| Livestock Pest & Disease Control (indicate name, supplier, and brand) | | | Yes  No | | |  | |
| Livestock Transport | | | Yes  No | | |  | |
| Recordkeeping | | | Yes  No | | |  | |
| Recall/Complaints | | | Yes  No | | |  | |
| Other | | | Yes  No | | |  | |
| **SECTION 3 – NON-COMPLIANCES** | | | | | | | |
| Do you have any outstanding non-compliances? | | | | | | Yes  No | |
| If Yes, please provide an update on actions taken to address non-compliances issued at the last audit. | | | | | | | |
| **Non-Compliance** | | **Action Taken**  ***Any Documents required should be submitted with this form to the ACO Office.*** | | | | | |
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| **SECTION 4 – ADDITIONAL PROPERTY DETAILS** | | | | | | | |
| Additional Property Details 1 (if applicable) | |  | | | | | Certified Land Area: |
| Additional Property Details 2 (if applicable) | |  | | | | | Certified Land Area: |
| Additional Property Details 3 (if applicable) | |  | | | | | Certified Land Area: |
| Additional Property Details 4 (if applicable) | |  | | | | | Certified Land Area: |
| Additional Property Details 5 (if applicable) | |  | | | | | Certified Land Area: |
| **SECTION 5 – PRODUCTION ESTIMATES** | | | | | | | |
| For each product appearing in the annex of your last ACO certificate, provide a production estimate for the next 12 months. List attached | | | | | | | |
| **Product** | | **Production Estimate** | | | | | |
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| **SECTION 6 – DECLARATION** | | | | | | | |
| Please sign this Statement:   * I/we have access to the relevant Standard(s) and have read the requirements for certification. * I/we have access to the relevant Standard(s) and have understood the requirements for certification. * I/we agree to farm to the relevant Standard(s) to the best of our ability. * I/we are aware that we will be liable for penalties applicable to the relevant standard for any wilfully false statement. * I/we hereby request ACO to renew our certification and agree to pay all relevant fees and charges associated with the renewal of certification as per the current fee schedule. * This documents accurately represents any changes made to our existing Organic Farm or Livestock Management Plans, which must be submitted to ACO upon request. | | | | | | | |
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| **Name (print)** | | | | **Signature** | | | **Date** |