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| **Client Details** |
|  |
| Business Name: |  |  | Certification No.: |  |  |
| Trading Name: |  |  | Product Name(Commercial Trade Name): |  |  |
| Address 1: |  |  | Telephone: |  |  |
| Address 2: |  |  | Mobile: |  |  |
| Suburb or Town |  |  | Email: |  |  |
| State and Postcode |  |  |  |  |
|  |  |  |  |  |

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| **Additional Product Details** |
|  |
| Finished registered product (name) seeking certification: |  |  |
|  |  |  |  |
| List your own brands used to identify this finished registered product: **(Please ensure that copy of a label is attached for this product)** |  |  |
| List all commissioned brands **(e.g., Private labels)** **used to identify this finished registered product:** |  |  |
| List all processing aids **(materials used but usually not present in final product):** |  |  |
| We wish to make the following claim on this finished product: | [ ]  Suitable for use in organic production |  |
|  | [ ]  Other (please specify): |  |
|  |  |  |  |
| I understand cost for reviewing as per the fee schedule will be charged for this assessment. |  | YES (Mandatory) |  |
|  |  |  |  |

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| **Other Information** |
| Manufacturer |  |
| Purpose of this product use (i.e., pesticide, fertiliser etc) |  |
| Please list all the supporting documentation submitted with the application |  |
| Is the product solid or liquid? |  |
| Nitrogen level in the end product |  % |

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| **Formula**List all active and non-active ingredients as well as additives and processing aids (including enzymes and catalysts.Attach a detailed production flow chart with this declaration.Attach SDS for all the ingredients in the formulation.Attach natural origin and non-GMO statement from manufacturer of product/ingredient. |
| **Name of ingredient** | **Name of supplier** | **Name of organisation that certified/registered ingredient** | **% in finished product (excludes salt and water)** | **Purpose of Ingredient in Formulation** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  | **TOTAL** | **100% (Not Including salt and water)** |  |

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| **I HEREBY DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT** |
|  |  |  |  |  |  |  |
|  | **PRINT FULL NAME CLEARLY** |  | **SIGNATURE** |  | **DATE** |  |
|  |

**As per the Standard, please ensure that you submit any labels or packaging for your new product for approval from the ACO office prior to market release.**

**PLEASE PROVIDE A COPY OF THIS APPROVED FORMULATION TOGETHER WITH ANY LABELS FOR REVIEW.**