**Applicant Details**

|  |  |
| --- | --- |
| **Business Name:** |  |
| **Trading Name:** |  |
| **Company Number:** |  |

|  |
| --- |
| **Postal Address** |
| **Street Address** | **Suburb / Town** | **State** | **Post Code** | **Country** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Operational Address(es)** | [ ]  **Same as Postal Address** |
| **Street Address** | **Suburb / Town** | **State** | **Post Code** | **Country** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Add lines if necessary.

|  |
| --- |
| **Primary Contact** |
| **First Name** | **Last Name** | **Position** | **Telephone** | **Email** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Accounts Contact** | [ ]  **Same as Primary Contact** |
| **First Name** | **Last Name** | **Position** | **Telephone** | **Email** |
|  |  |  |  |  |

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| --- |
| **Additional Contact(s)** |
| **First Name** | **Last Name** | **Position** | **Telephone** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Add lines if necessary.

**Scope of Application**

|  |
| --- |
| **Certification Program(s)** |
| [ ]  Australian Certified Organic Standard (ACOS)[ ]  COSMOS Standard[ ]  ACOS-EU Equivalence[ ]  Japanese Agricultural Standard (JAS)[ ]  USDA National Organic Program (NOP)[ ]  US-Canada Organic Equivalence (Optional NOP add-on) |

For some certification programs, ACO will send you an additional application form to complete.

|  |
| --- |
| **Certification Scope(s)** |
| [ ]  Crop Production[ ]  Wild Harvest | [ ]  Landless Crop Production[ ]  Processing / Handling |

**Previous Certification**

|  |
| --- |
| **Are you currently or have you previously been certified by ACO or another organic certification body?** |
| [ ]  Yes[ ]  No |

|  |
| --- |
| **If yes, please provide the following information:** |
| Name of Certification Body and Certification Number / ID: |  |
| Certification Program(s): |  |
| Status of Certification:(Certified, Suspended, Withdrawn, Decertified) |  |
| Do you have any outstanding non-compliances in relation to this certification? | [ ]  Yes[ ]  No*If yes, please include the non-compliance notification from your certification body and details of how the non-compliance has been addressed in your application.* |

**Payment**

Upon submitting this application and supporting documentation, ACO’s fees will be charged per the ACO Fee Schedule.

**Applicant Declaration**

|  |
| --- |
| **I confirm that the information provided in this application and supporting documentation is true and correct to the best of my knowledge.** |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |