**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** |
|  |  |  | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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| Status of Certification:  (Certified, Suspended, Withdrawn, Decertified) |  |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:** |  |