**Applicant Details**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.

**Sites to be inspected – Please attach separate list if more than three**

|  |  |  |  |
| --- | --- | --- | --- |
| **Operational Sites** | **Site 1** | **Site 2** | **Site 3** |
| ADDRESS |  |  |  |
| ADDRESS |  |  |  |
| SUBURB or TOWN |  |  |  |
| STATE and POSTCODE |  |  |  |
| COUNTRY |  |  |  |
| GPS DATA (identify each individual paddock) |  |  |  |
| HECTARES |  |  |  |
| CROP/S / PRODUCT/S |  |  |  |

\*Please note that if your sites are more that 25km apart multiple audits may have to take place

**Scope of Application**

|  |  |
| --- | --- |
| **Certification Scope(s)** | |
| ☐ Producer  ☐ Services / Non-Agricultural | ☐ Processor |

**Previous Certification**

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

|  |  |
| --- | --- |
| **If yes, please provide the following information:** | |
| Name of Certification Body and Certification Number/ID: |  |
| Status of Certification:  (Certified, Suspended, Withdrawn, Decertified) |  |
| Please provide previous scopes, sites, and crops as well as the date of your last audit (if applicable). Please provide a copy of your last audit report, including non-conformances raised and your certificate.) |  |
| 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.* |

**Existing Certification**

Do you have any existing certification (organic, environmental, e.g.) which might be relevant to your Certified Sustainable application? If yes, please provide a copy of your current certificate  YES  NO

**Sub-Licence Agreement**

|  |  |
| --- | --- |
| Do you have a sub-licensee agreement in place with Certified Sustainable? | ☐ Yes  ☐ No  *If Yes, please attach.*  *If No, please contact Certified Sustainable to arrange for an agreement to be signed.*  ***PLEASE NOTE: YOUR APPLICATION CANNOT PROCEED WITHOUT THE SUB-LICENSEE AGREEMENT IN PLACE.*** |

**Payment**

Upon submitting this application and supporting documentation, ACO will issue an invoice for the Certified Sustainable certification program. All application fees must be paid for the application process to proceed. Application fees and Levies or Licence Fees are charged per the ACO Certified Sustainable Services and Fees Schedule.

**Applicant Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| I have included a Sustainability Management Plan with this application for all applicable sites. | | | |
| I understand that if withdrawal of application is made at any stage of certification, the applicant will be liable for all costs and services provided up and until the time of withdrawal of the application, if the applicant voluntarily withdraws their application prior to issuance of notice of non-compliance or denial they will not be issued notices. | | | |
| I understand that additional audits may be announced or unannounced at the decision of the Certification Body | | | |
| I understand that product testing and/or additional testing at the discretion of the Certification Body is charged to the applicant. | | | |
| **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:** |  |