

JAS Application

1. CLIENT DETAILS	
Trading Name	
ACO Certification #	
Type of Business - (i.e. Producer, Processor etc)	
Postal Address	
Premises Address (Address you wish to have certified.)	
Telephone	
Email	

2. PRODUCT DETAILS			
List all product/s you wish to be certified for JAS (<i>ingredient declarations must be attached for each product.</i>)			
1		5	
2		6	
3		7	
4		8	

3. CERTIFICATION TYPE (Please tick)		
<input type="checkbox"/> Agricultural Producer	<input type="checkbox"/> Livestock Farmer	<input type="checkbox"/> Processor
<input type="checkbox"/> Feed Producer	<input type="checkbox"/> Repacker / Sub-divider / Relabeller	

4. AGREEMENT		
1	I understand that I have to prepare certain specified documents that are required for becoming JAS certified.	<input type="checkbox"/> YES
2	I understand that I have to follow ACO's instructions and disclose necessarily documents at any time on ACO's request.	<input type="checkbox"/> YES
3	I understand that I have to comply with JAS law and handle JAS logo appropriately.	<input type="checkbox"/> YES
4	I understand that Production Process Manager Director and Grading manager and staff have to attend a JAS training (Training fee applies – contact ACO)	<input type="checkbox"/> YES
5	I understand that I have to submit annual JAS grading report to ACO after completion of the fiscal year	<input type="checkbox"/> YES

5. PREVIOUS APPLICATION	
1	Have you ever been certified for JAS previously? (If yes, write down the year when your JAS certification was withdrawn.)
2	Have you ever received a non-compliance of certification?
3	Has the non-compliance been corrected? Please write down the details.

6. DECLARATION	
I HEREBY DECLARE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.	
Name:	
Title:	
Signature:	
Date:	