**THIS FORM MUST BE COMPLETED EVERY TIME A CONTRACTOR IS USED IN AN ORGANICALLY CERTIFIED OR IN-CONVERSION AREA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLIENT DETAILS** | | | | | |
|  | | | | | |
| YOUR NAME: |  |  | CERTIFICATION NO: |  |  |
| TRADING NAME: |  |  |  |
| **POSTAL ADDRESS** | |  | **BUSINESS ADDRESS** | |  |
| ADDRESS 1: |  |  | ADDRESS 1: |  |  |
| ADDRESS 2: |  |  | ADDRESS 2: |  |  |
| SUBURB or TOWN |  |  | SUBURB or TOWN |  |  |
| STATE and POSTCODE |  |  | STATE and POSTCODE |  |  |
|  |  |  |  |  |  |
| TELEPHONE: |  |  | MOBILE: |  |  |
|  | EMAIL: |  |  |
|  |  |  |  |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AUTHORISATION:**  Crops to be harvested/work to be undertaken (please specify)    Total area to be harvested (ha) Date harvesting/work commenced  Tick the following box if correct:  I have inspected the harvester/equipment and believe that it was clean of all visible traces of farm soil, crop residue and other foreign matter prior to commencing harvesting of my crop/contract work. | | | | | |  |
| **AUTHORISED BY:** |  |  |  |  |  |  |
|  | Print Full Name Clearly |  | Signature |  | Date |  |

### CONTRACTOR (THIS SECTION MUST BE COMPLETED BY CONTRACTOR/OPERATOR/OWNER)

# OWNER DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owners Surname |  |  | First Name(s) |  |  |
|  | | | | | |

# OWNERS ADDRESS OWNERS CONTACT DETAILS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address 1 |  | | |  |  | Telephone |  |  |
| Address 2 |  | | |  |  | Telephone - AH |  |  |
| Suburb/Town |  | | |  |  | Mobile |  |  |
| Country |  | PC |  |  |  | Email |  |  |
|  | | | | |  |  | | |

# OPERATOR DETAILS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Operators Surname |  |  |  | First Name(s) |  |  |
|  | | | | | | |

# HARVEST DETAILS

|  |  |
| --- | --- |
| Date Harvesting/Work to commence  Registration of Harvester/Equipment State of Registration  Brief description of harvester/equipment model, make etc      Details of any chemical treatment of harvester during off season      **At Least 20 Tonne of Grain Must be Harvested After Any Chemical Treatment Prior To Harvesting Certified Product.**  YES  NO Has 20 tonnes of grain been harvested after any chemical treatments?  YES  NO Has the harvester been inspected by any state authority?  If Yes Please Provide Details: |  |

# CLEAN DOWN PROCEDURE

|  |  |
| --- | --- |
| Were all Soil and Crop Contact Surfaces Cleaned to Remove All Visible Traces of farm soil,  NO  YES  Details of Clean Down Procedures For Harvester/Equipment: |  |

### AUTHORISATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AUTHORISED BY:** |  |  |  |  |  |  |
|  | Print Full Name Clearly |  | Signature |  | Date |  |