**Applicant Details**

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

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

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

Add lines if necessary.

**Scope of Application**

|  |  |
| --- | --- |
| **Fast-Track Application?**  ACO provides a fast-track option for applicants seeking expedited certification. Fast-track applications are prioritised to reduce the timeframe for the initial certification process. If this option is selected, ACO will advise if a fast-track application can be provided based on auditor availability in your area.  **Note:** An additional fast-track application fee applies per the ACO Fee Schedule. | Yes  No |

|  |
| --- |
| **Certification Program(s)** |
| Australian National Standard for Organic and Bio-Dynamic Produce  Australian Certified Organic Standard (ACOS)  COSMOS Standard  EU Program  Japanese Agricultural Standard (JAS)  Korean Standard  Non-GMO Standard  USDA National Organic Program (NOP)  US-Canada Organic Equivalence (Optional NOP add-on)  Allowed Inputs Program |

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

|  |  |
| --- | --- |
| **Certification Scope(s)** | |
| Crop Production  Wild Harvest  Bee Keeping  Grower Group Certification | Landless Crop Production  Livestock 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 will issue an invoice for the selected certification programs. All application fees must be paid for the application process to proceed. Application fees are 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:** |  |