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| --- | --- | --- | --- | --- | --- |
| **CLIENT DETAILS** | | | | | |
|  | | | | | |
| FULL NAME: |  |  | CERTIFICATION NO: |  |  |
| TRADING NAME: |  |  |  | |  |
| ADDRESS 1: |  |  | TELEPHONE: |  |  |
| ADDRESS 2: |  |  |  |
| SUBURB OR TOWN |  |  | MOBILE: |  |  |
| STATE and POSTCODE |  |  | EMAIL: |  |  |
|  | | | | | |
| **REAL ADDITIONAL PROPERTY DESCRIPTION (REFER TITLE DEED/RATES NOTICE)** | | | | | |
|  | | | | | |
| TOTAL AREA: | (Hectares) |  | AREA SEEKING FOR CERTIFICATION: | (Hectares) |  |
| LOT/ PROPERTY NUMBER |  |  |  | | |
| HUNDRED: |  |  | COUNTY: |  |  |
| PARISH: |  |  | SHIRE: |  |  |
| LOCATION |  |  | STATE: |  |  |
|  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ADDITIONAL PROPERTY DETAILS** | | | |
|  | | | |
|  | I WISH TO APPLY FOR AN EXTENSION TO MY CERTIFIED ORGANIC OPERATION: |  | YES |
|  | IS THE EXTENSION AREA ADJOINING LAND CURRENTLY CERTIFIED? |  | Kms |
|  | HOW MANY KILOMETERS IS THE NEW PROPERTY FROM THE EXISTING CERTIFIED PROPERTY? |  | Kms |
|  | HAS THE EXTENSION AREA BEEN INSPECTED AND HAVE SOIL TESTS BEEN TAKEN? |  | YES/NO |
|  | I HAVE ATTACHED A COMPLETED STATUTORY DECLARATION FOR THE NEW PROPERTY AREA |  | YES (mandatory) |
|  | I HAVE ATTACHED AN UPDATE TO MY ORGANIC MANAGEMENT PLAN TO COVER ANY ADDITIONAL ENTERPRISES ON THE NEW PROPERTY |  | YES (if required) |
|  | I UNDERSTAND THAT WE WILL BE CHARGED FOR TIME SPENT ASSESSING THIS APPLICATION AT THE STANDARD HOURLY RATE SPECIFIED IN THE ACO FEE SCHUDULE, WHICH IS AVAILABLE AT [www.aco.net.au](http://www.aco.net.au) |  | YES (mandatory) |
|  | I UNDERSTAND OTHER COSTS SUCH AS AUDIT AND RESIDUE TESTING MAY ALSO BE CHARGED AT A LATER DATE. |  | YES (mandatory) |
|  | | | |

|  |
| --- |
| **INSTRUCTIONS FOR COMPLETING THIS DOCUMENT** |
| 1. This Statutory Declaration forms the basis of your application for certification. To avoid any delays, it is important that each section of this document is completed accurately. Please read the following details carefully, failure to provide the necessary information will result in this document being returned for additional information. 2. To minimise delays with your application please ensure this document and any attached information is either typed or printed in black or blue pen CLEARLY in CAPITAL LETTERS. 3. If certification is required for more than one property, on separate titles or under separate management systems, a Statutory Declaration must be completed for each property. 4. All questions must be answered, write N/A, nil or none if not applicable. 5. This document must be signed on each page and where indicated on Page 15 before a Witness (as specified in Eligible Witness List Pages 7-9). Please note: family members are ineligible to witness. 6. Within one month of receipt of this document:  * An ACO authorised auditor will make an appointment to visit your property for an evaluation for certification. This first audit of your property should occur within the first three months from your application – unless you have elected for the fast track payment option. * Sample/s of soil and/or tissue may be taken for chemical residue testing at either this first or subsequent audit. * The auditor’s report is forwarded to the Certification Review Committee, which analyses all factors relating to organic production. The applicant will be advised of the outcome of the certification review within 6 weeks of the first audit occurring, unless there are mitigating circumstances. |

|  |  |
| --- | --- |
| **CHECKLIST – MUST BE COMPLETED PRIOR TO POSTING YOUR APPLICATION. THIS WILL ASSIST IN THE APPRAISAL OF YOUR APPLICATION** | **TICK WHEN COMPLETE** |
| All sections of the Statutory Declaration have either been answered or marked NA |  |
| This Statutory Declaration has been initialled and dated at the **bottom of every page** by the client, in the presence of the witness, who has also initialled and dated the bottom of every page. The witness must be a Justice of the Peace, Commissioner for Declarations, a Barrister or Solicitor. |  |
| Additionally, the client and witness have printed their names, signed in full and dated this Statutory Declaration where indicated in the **boxed section**. |  |
| Required appendices are attached (**Appendix 1-3**) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. LICENSEE(S) DETAILS** | | | | | |
|  | | | | | |
| GIVEN NAMES: |  |  | TRADING NAME: |  |  |
| SURNAME: |  |  |  | |  |
| **EXTENSION AREA ADDRESS** | | | | |  |
| ADDRESS 1: |  | | | |  |
| ADDRESS 2: |  | | | |  |
| SUBURB OR TOWN: |  |  | POSTCODE: |  |  |
| STATE: |  |  | COUNTRY: |  |  |
|  | | | | | |

# I BEING THE PERSON RESPONSIBLE FOR THIS DECLARATION (HEREIN REFERRED TO AS THE OPERATOR) DO SOLEMNLY AND SINCERELY DECLARE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2. OPERATION DETAILS** | | | | |
|  | | | | |
| ABN: |  |  | TICK APPLICABLE  Company |  |
| ARBN: |  |  | Partnership |  |
|  | Sole Operator |  |
|  | Public Company |  |
|  | Trust |  |
|  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3. POSITION DETAILS** | | | | | |
|  | | | | | |
| TICK APPLICABLE | Sole Owner |  |  | Director |  |
|  | Co-owner |  |  | Manager |  |
|  | Employee |  |  | Secretary |  |
|  | Sharefarmer |  |  | Shareholder |  |
|  | Partner |  |  | Consultant |  |
|  | Other (PLEASE SPECIFY) | | | |  |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **4. CONTACT DETAILS** | | | | | |
|  | | | | | |
| TELEPHONE (W): |  |  | MOBILE: |  |  |
| TELEPHONE (AH): |  |  | EMAIL: |  |  |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **5. REAL PROPERTY DESCRIPTION (REFER TITLE DEED/RATES NOTICE)** | | | | | |
|  | | | | | |
| LOT NO: |  |  | AREA: | (acres/hectares) |  |
| HUNDRED: |  |  | COUNTY: |  |  |
| PARISH: |  |  | SHIRE: |  |  |
| LOCATION |  |  | STATE: |  |  |
|  |  |  |  |  | |

# IF MORE THAN ONE PROPERTY, PLEASE ATTACH ADDITIONAL DETAILS

|  |  |
| --- | --- |
| **6. OWNERSHIP OF PROPERTY** | |
| THE PROPERTY HAS BEEN IN THE CONTROL OF THE OPERATOR SINCE: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7. LEASE OR SHAREFARM** | | | | | | | | |
| IS THIS PROPERTY LEASED OR SHAREFARMED? | | | | | | | | |
| No (Go to Q8)  Yes (If yes, please provide details below, and ***attach a completed Lease Agreement***)  IF LEASED OR SHAREFARMED, THE OWNERS DETAILS | | | | | | | | |
| Owners Name |  |  |  | Street Address |  | | |  |
| Telephone: |  |  |  | Address 2 |  | | |  |
| Fax: |  |  |  | Suburb/Town |  | | |  |
| Email: |  |  |  | Country |  | PC |  |  |
|  | | |  |  | | | | |

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| **8. MEMBERSHIP / CERTIFICATION** |
| HAVE YOU OR YOUR ORGANISATION EVER BEEN REFUSED MEMBERSHIP OF, OR HAD CERTIFICATION WITHDRAWN/DENIED/DECERTIFIED, BY ANY CERTIFYING ORGANIC OR BIODYNAMIC ORGANISATIONS: (please tick) No  Yes (If yes, please provide details) |
| ARE YOU CURRENTLY CERTIFIED WITH ANY OTHER CERTIFYING BODIES? (please tick) No  Yes (please provide details below) |

|  |  |
| --- | --- |
| **9. EXTENSION PROPERTY AREA** | |
| THE EXTENSION AREA OF THE PROPERTY IS: | |
| Property Area: | **HECTARES** ONLY |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10. EXTENSION PROPERTY AREA COMPOSITION** | | | | |
| ARABLE and NON-ARABLE LAND: | | | | |
| Arable Land: | **HECTARES** ONLY | | Non-Arable Land: | **HECTARES** ONLY |
| CONSISTING OF: | | | | |
| Native Vegetation | **HECTARES** ONLY | | Irrigated | **HECTARES** ONLY |
| Horticulture | **HECTARES** ONLY | | Broadacre: | **HECTARES** ONLY |
| Tree crops/Vines: | **HECTARES** ONLY | | Grazing/Pastoral: | **HECTARES** ONLY |
|  | | | | |
| SOIL TYPE AVERAGE RAINFALL: | | | | |
| Soil Type |  | | Avg Rainfall: |  |
| **11. AREA SEEKING CERTIFICATION** | | | | |
| ACO CERTIFICATION IS REQUESTED ON: (Please tick) | | | | |
| Part Property (lease provide details below)  Whole Property (Go to Section 12)  THE AREA OF THE PROPERTY SEEKING CERTIFICATION: | | | | |
| Property Area | | **HECTARES** ONLY | | |
|  | | | | |
| REASON WHY WHOLE PROPERTY IS NOT TO BE CERTIFIED: | | | | |
| Please explain why the whole property is not to be certified: | | | | |
| DESCRIPTION OF FARMING PRACTICES ON AREA/S NOT SEEKING CERTIFICATION: | | | | |
| Please provide a brief description of farming practices on area/s not seeking certification: | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **12. PRODUCTS** | | | |
| I HEREBY APPLY FOR ACO CERTIFICATION FOR THE ADDITIONAL PRODUCTS: (If you request additional products to be added as part of an extension application, please provide an update OFP covering the additional management practices) | | | |
| Product 1 |  | Product 5 |  |
| Product 2 |  | Product 6 |  |
| Product 3 |  | Product 7 |  |
| Product 4 |  | Product 8 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **13. INPUTS HISTORY** | | | | | | | |
| IS THERE IS ANY KNOWN RESIDUAL OR PAST CHEMICAL HISTORY OF THE PROPERTY THAT MAY AFFECT CERTIFICATION? (Please tick) | | | | | | | |
| No  Yes (Please provide details below) | | | | | | | |
| Please detail known residual or past chemical history of the property that may affect certification. | | | | | | | |
| WRITE DOWN ANY INPUTS (INCLUDING FERTILISERS, COMPOST, MICRONUTRIENTS, SOIL AMENDMENT, PEST CONTROL, WEED CONTROL, FUNGICIDE ETC) USED OVER THE PAST THREE (3) YEARS OF THE PROPERTY’S HISTORY.  (If more space is required, please append extra sheets.) | | | | | | | |
| PRODUCT NAME | TYPE | NATURAL/ SYNTHETIC | RATE/HA | PADDOCK AREA NAME/ NUMBER | AREA COVERED | MONTH | YEAR |
|  |  |  |  |  |  |  |  |
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LIVESTOCK N/A (please tick this box if you don’t have livestock) – GO TO Q16

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **14. PARASITE CONTROL** | | | | | | |
| WRITE DOWN ANY PARASITE CONTROL (BOTH SYNTHEITC AND NATURAL) FOR LIVESTOCK USED OVER THE PAST THREE (3) YEARS OF THE PROPERTY’S HISTORY. | | | | | | |
| PRODUCT NAME | NATURAL/ SYNTHETIC | FOR CONTROL OF | AGE OF STOCK | INTERNAL/ EXTERNAL | MONTH | YEAR |
|  |  |  |  |  |  |  |
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| **15. OTHER PRODUCTS USED** |
| Write down other products (i.e. growth inhibitors, promotants, antiobiotics, vaccines, etc) used and how long they have been used. |
|  |

|  |
| --- |
| **16. DECLARATION** |

# A. I UNDERSTAND SOIL, PLANT, OR PRODUCT TESTING WILL BE REQUIRED AT MY EXPENSE, AND THAT FURTHER TESTING MAY BE REQUIRED AT FUTURE DATES: (please tick)

No

Yes

# B. I UNDERSTAND THAT REGULAR SAMPLES OF MY/OUR PRODUCE WILL BE SUBJECT TO A RANDOM CHEMICAL RESIDUE TEST AND COULD BE AT MY OWN EXPENSE WHERE IT CANNOT BE VERIFIED THAT CONTAMINATION DID NOT OTHERWISE ARISE FROM ON-FARM PRACTICES: (please tick)

No

Yes

# C. I HAVE READ AND UNDERSTOOD THE ACO STANDARD "THE AUSTRALIAN ORGANIC STANDARD": (please tick)

No

Yes

# D. I ACKNOWLEDGE THIS DECLARATION IS MADE WITH A CLEAR UNDERSTANDING OF THE REQUIREMENTS SET OUT IN THE CURRENT ACO PRODUCTION STANDARD "THE AUSTRALIAN ORGANIC STANDARD": (please tick)

No

Yes

# E. I ACKNOWLEDGE THAT KEEPING COMPREHENSIVE RECORDS OF PRODUCTION ACTIVITIES AND SALES, AS SPECIFIED IN THE ACO STANDARD, IS A KEY ASPECT OF ATTAINING AND MAINTAINING CERTIFICATION: (please tick)

No

Yes

# F. I ACKNOWLEDGE THAT ANY DEPARTURE FROM THE PRINCIPLES OF THE ACO, AS OUTLINED IN THE ACO STANDARD, MUST BE NOTIFIED IN WRITING TO THE ACO CERTIFICATION OFFICE: (please tick)

No

Yes

# G. I/WE ARE AWARE I/WE WILL BE LIABLE FOR PENALTIES APPLICABLE TO THE RELEVANT STATE FOR ANY WILFULLY MADE FALSE STATEMENT: (please tick)

No

Yes

# H. I DO SINCERELY DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF: (please tick)

No

Yes

**I. I HAVE READ AND UNDERSTOOD THE CURRENT VERSION OF THE ACO STANDARD HEREIN REFERRED TO AS "THE AUSTRALIAN CERTIFIED ORGANIC STANDARD", WHICH IS ADMINISTERED BY ACO AND WILL COMPLY WITH ALL RELEVANT PROVISIONS OF THE CERTIFICATION PROGRAMS:**(please tick)

No

Yes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SIGNED:** |  |  |  |  |  |  |
|  | Print Full Name Clearly |  | Signature |  | Date |  |
| **WITNESSED BY:** |  |  |  |  |  |  |
|  | Print Full Name Clearly |  | Signature |  | Date |  |
| ELIGIBLE WITNESS CATEGORY  (See Pages below) | **Please state profession** |  |  |  |  |  |

### ALL PAGES MUST BE SIGNED, DATED AND WITNESSED (BY AUTHORISED WITNESS LIST BELOW), OTHERWISE DOCUMENT WILL BE RETURNED.

Family members are ineligible to witness documentation.

The following list details people that can witness a statutory declaration under the Statutory Declarations Regulations of 1993 which is bound by the Statutory Declarations Act of 1953 under Australian Commonwealth Law (does not differ to individual states)

A statutory declaration under the *Statutory Declarations Act 1959* may be made before –

1. a person who is currently licensed or registered under a law to practise in one of the following occupations:

|  |  |  |  |
| --- | --- | --- | --- |
| Chiropractor | Dentist | Legal practitioner | Medical practitioner |
| Nurse Optometrist | Patent attorney | Pharmacist | Physiotherapist |
| Psychologist | Trademarks attorney | Veterinary surgeon |  |

1. a person who is enrolled on the role of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or
2. a person who is in the following list:

* Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
* Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
* Bailiff
* Bank officer with 5 or more continuous years of service
* Barrister
* Building society officer with 5 or more years of continuous service
* Chief executive officer of a Commonwealth court
* Clerk of a court
* Commissioner for Affidavits
* Credit union officer with 5 or more years of continuous service
* Employee of the Australian Trade Commission who is:
  + in a country or place outside Australia; and
  + authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
  + exercising his or her function in that place
* Employee of the Commonwealth who is:
  + in a country or place outside Australia; and
  + authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
  + exercising his or her function in that place
* Fellow of the National Tax Accountants’ Association
* Finance company officer with 5 or more years of continuous service
* Holder of a statutory office not specified in another item in this list
* Judge of a court
* Justice of the Peace
* Justice of the Peace (Commissioner for Declarations)
* Magistrate
* Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
* Master of a court
* Member of Chartered Secretaries Australia
* Member of Engineers Australia, other than at the grade of student
* Member of the Association of Taxation and Management Accountants
* Member of the Australasian Institute of Mining and Metallurgy
* Member of the Australian Defence Force who is:
  + an officer; or
  + a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
  + a warrant officer within the meaning of that Act
* Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
* Member of:
  + the Parliament of the Commonwealth; or
  + the Parliament of a State; or
  + a Territory legislature; or
  + a local government authority of a State or Territory
* Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
* Notary public
* Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public.
* Permanent employee of:
  + the Commonwealth or a Commonwealth authority; or
  + a State or Territory or a State or Territory authority; or
  + a local government authority.

with 5 or more years of continuous service who is not specified in another item in this list

* Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made.
* Police officer
* Registrar, or Deputy Registrar, of a court
* Senior Executive Service employee of:
  + the Commonwealth or a Commonwealth authority; or
  + a State or Territory or a State or Territory authority
* Sheriff
* Sheriff’s officer
* Solicitor
* Teacher employed on a full-time basis at a school or tertiary education institution.

# APPENDICES

**(PLEASE ATTACH THE FOLLOWING DOCUMENTS TO SUBMIT WITH THIS STATUTORY DECLARATION)**

|  |  |
| --- | --- |
| UPDATED FARM MAP Please submit an updated farm map that clearly shows where the extension area is in relation to the existing certified lands. A sample farm map is attached. All requested details must be included. It is preferred the farm plan is completed on A4 size paper as a copy is forwarded to the assigned inspector and all members of the Certification Review Committee (CRC). | **Appendix 1** |
| DIRECTIONS TO PROPERTY Detailed directions from the nearest town must be supplied with every application to enable the inspector to visit the property. | **Appendix 2(form attached)** |
| LEASE AGREEMENT If the property is leased, a lease agreement must accompany your application. | **Appendix 3 (form attached)** |
| ORGANIC FARM PLAN/ORGANIC LIVESTOCK MANAGEMENT PLAN If new additional products are requested as part of the extension area, please supply an updated OFP/OLMP covering all management practices. | **(If necessary)** |

***YOUR APPLICATION WILL BE RETURNED IF ALL NECESSARY INFORMATION IS NOT PROVIDED***

**APPENDIX 1: FARM PLAN (EXAMPLE)**

|  |
| --- |
|  |

**APPENDIX 2: DIRECTIONS TO PROPERTY (MUST BE COMPLETED)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  | Nearest Town: |  |  |
|  | | | | | |

*This map shows directions from the nearest largest town (as stated above) to my property.* ***Please complete in black or blue pen only, or provide computerised copy.***

|  |
| --- |
|  |

**APPENDIX 3: LEASE AGREEMENT (TO BE COMPLETED)**

**LEASE AGREEMENT WITH REGARD TO CERTIFICATION**

**LESSOR**

# I;

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  |  | Given Names |  | | |  |
| Address |  | | | | | |  |
| Address 2 |  | | | | Postcode |  |  |
|  | | | | | | |  |

|  |  |
| --- | --- |
| Telephone Number: |  |

# Being the owner of the said land Section.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Lot No |  |  |  | Area | (acres/hectares) |  |
| Hundred |  |  |  | County |  |  |
| Parish |  |  |  | Shire |  |  |
|  | | | | | | |

**LESSEE**

# The said land is leased to.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  |  | Given Names |  | | |  | |
| Address |  | | | | | |  | |
| Address 2 |  | | | | Postcode |  | |  |
|  | | | | | | | | |

|  |  |
| --- | --- |
| Commencement date of lease |  |

|  |  |
| --- | --- |
| Term of lease |  |

**AUTHORISATION**

# I HEARBY AGREE:

# To allow the lessee to manage the said leased area of land as required under the ‘*National Standard for Organic and Biodynamic Produce*’ and as a certified client of ACO Certification Ltd.

# I will not personally, nor give a direction of action which may void the lessee’s certification (e.g. any use of chemicals).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Authorised by: |  |  |  |  |  |  |
|  | Print Full Name Clearly |  | Signature |  | Date |  |