**Important Notice: Instructions for Completing this Document**

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. 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. If certification is required for more than one beekeeping operation, on separate titles or under separate management systems, a Statutory Declaration must be completed for each operation.

**All questions must be answered; write N/A, Nil or None if not applicable.**

This Statutory Declaration has been initialled and dated at the bottom of every page by the client, in the presence of the witness (as specified in the Eligible Witness List) who has also initialled and dated the bottom of every page.

**Please note, family members are ineligible to witness.**

**Office Use Only:**

**Date Received:**

**Initial Inspection Paid: Y / N**

**Application Paid: Y / N**

**Letter of Acknowledgement: Y / N**

Within one month of receipt of this document:

* An ACO authorised auditor will make an appointment to visit your operation for an evaluation for certification. This first audit of your operation should occur within the first three months from your application – unless you have elected for the fast-track payment option.
* Sample/s of honey and/or beeswax 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**

The following checklist must be completed prior to posting your application. This will assist in the appraisal of your application.

|  |  |
| --- | --- |
| **Information / Documentation** | **Tick when completed.** |
| That all sections of the Statutory Declaration have either been answered or marked Not Applicable. |  |
| This Statutory Declaration has been initialled and dated at the bottom of every page by the client, in the presence of the witness (as specified in eligible witness list Pages 17-18) who has also initialled and dated the bottom of every page. **Please note, family members are ineligible to witness.** |  |
| Additionally, the client and witness have printed their names, signed in full and dated this Statutory Declaration where applicable. |  |
| That an enterprise plan is enclosed. Details include apiary sites names/numbers, old dip sites, dams, bores and water courses. |  |
| That an area sketch and a written description giving clear directions from the nearest town to the honey extracting facility involved is enclosed to enable the inspector to visit the premises. |  |
| That a topographical map (government, BLINMAP – Natural Resources or similar) with property clearly marked is enclosed. |  |
| That a ACO ‘Lease Agreement’ is completed and enclosed if the operation is leased. |  |
| That a ‘Product Declaration for Feed Supplements’ form is completed for feed supplements for livestock producers – example for poultry feed, pig feed etc. |  |
| Any additional, relevant information to support this application is attached to the inside back page of this document. This may include elements of an Organic Management Plan where extra information is required in relation to managing your operation in conformance with the Organic Standard. |  |

Forward to:

**ACO Certification Ltd ABN 74 099 884 983**

GPO Box 731 Brisbane QLD 4001

Level 21, 12 Creek Street Brisbane QLD 4000

Ph: 07 3350 5706 Email: [info@aco.net.au](mailto:info@aco.net.au) Website: [www.aco.net.au](http://www.aco.net.au)

**HONEY PRODUCER STATUTORY DECLARATION**

##### Please print clearly in CAPITAL LETTERS

1. ***That*** I
2. of  (address)

in the State of

being the person responsible for this Declaration (herein referred to as the operator) and trading as:

do solemnly and sincerely declare:

***3. That*** being:  Sole Operator,  Partnership,  Company,  Trust,  Public Company – ACN Number / ARBN Number  (if applicable) and ABN Number:

***4. That*** my position is:  Sole Owner,  Co-owner,  Partner,  Director,  Shareholder,  Manager,  Sharefarmer,  Employee ,  Consultant,  Secretary or:

**5.** ***That*** my telephone numbers are: Business: ()

After Hours: ()

Mobile:

Email:

**6.** ***That*** the Real Property Description is: (refer title deed/rates notice, etc)

Section of Lot no etc:

County/Hundred etc of:

Parish/County etc of:

Shire of:  State:

**7. *That*** I, and my organisation, have never been refused membership of / or certification withdrawn with any certifying Organic / Bio-Dynamic organisations?  YES /  NO (please X)

If yes provide details:

**Statements 8 - 18 relate to your entire property, whether seeking full certification or not.**

**8.** ***That*** the entire area of the property is: Hectares (NB in hectares only)

**9.** ***That***  I/  We have  Ha of arable land

Ha of non-arable land.

Total  Ha

Consisting of:  Ha of native vegetation

Ha of irrigated country.

Ha of horticulture practice

Ha of broadacre cropping (annually)

Ha of tree crops/vines

Ha of grazing/pastoral country

**\* Please attach a map of hives and forages and a list of numbers of hives with ID#.**

**10.** ***That*** soil type/s consist of:

**11**. ***That*** average rainfall is:

**12*. That*** the property has been in the control of the operator since:

**13**. ***That*** if leased or share farmed, the owner is:

Address:

Telephone: ()  **N/A**

Please note, where relevant, a lease agreement must accompany this application, complete lease agreement – Appendix 6.

**14.** ***That*** Organic Certification is requested on:

* 1. Whole operation  YES /  NO (please X)
  2. If NO, area seeking certification  Ha
  3. Reason why whole operation is not to be certified:

**15. *That*** the following is a brief description of bee farming practices on area/s not seeking certification:

**16***.* ***That*** I hereby apply for ACO organic certification for the following products:

**17**. ***That*** we use the following consultant/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**N/A (Please circle)**

Address:

For the following service/s:

**18.** The average number of hives carried is:

i) Hives:

ii) Nucleus Hives:

Will these hives only have access to certified / to be certified areas?  YES /  NO (please X)

Will all these hives be managed organically as specified in the relevant standard/s?  YES /  NO (please X)

If NO please explain reason why these hives are not to be included in certification.

***Statements 19 - 45 relate to the areas for which certification is sought. ACO require an accurate and comprehensive report on all practices and inputs for the past three years. If more space is required, please append extra sheets.***

1. That in relation to potential contaminants I declare that:
   1. No GMO (Genetically Modified Organism) crops are planted within a minimum distance of 5 km radius from any hives managed for certification.
   2. Hives will be maintained at a distance sufficient to ensure no contamination may occur from pollen from GMO crops – at a minimum this distance shall be a 5 km radius from any hives managed for certification
   3. No other contamination sources are present – as specified in the relevant standard/s – within a minimum distance of 5 km radius from any hives managed for certification.
   4. All potential sources of contamination are managed in a manner to reduce or eliminate risks to contamination from sources as specified in the relevant standard/s.
   5. All hives are placed so as only to allow foraging by bees in regions which, have been verified not to have received prohibited inputs as specified in the relevant standard/s for at least the last 3 years.
2. For all areas where foraging will occur that synthetic soluble fertilisers have been applied (eg. superphosphate, muriate or sulphate of potash, nitrogenous fertilisers, including urea, etc) as specified below over the past three (3) years of the foraging regions history:  **NIL –**  **N/A** (Please X)

|  |  |  |  |  |  |  |
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| **Product Name** | **Type** | **Rate/ha** | **Paddock Area Name/Number** | **Area Covered** | **Month** | **Year** |
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**21.** ***That*** natural fertilisers (eg crushed rock, {minerals} liquid, animal manures {raw/processed}, composts etc) have been used in the foraging region as specified below over the past three (3) years of the foraging regions history:  **NIL –**  **N/A (Please X)**

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| **Product Name** | **Type** | **Rate/ha** | **Area Name/Number** | **Area Covered** | **Month** | **Year** |
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**22.** ***That*** soil activators have been used in the foraging region as specified below over the past three (3) years of the foraging regions history:  **NIL –**  **N/A** (Please X)

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| **Product Name** | **Type** | **Rate/ha** | **Area Name/Number** | **Area Covered** | **Month** | **Year** |
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**23.** ***That*** specific trace elements have been used in the foraging region as specified below over the past three (3) years of the foraging regions history.  **NIL –**  **N/A** (Please X)

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| **Element** | **Rate/ha** | **Area Name/Number** | **Area Covered** | **Month** | **Year** |
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1. ***That*** agricultural chemical insecticides have been used in the foraging region as specified below over the past three (3) years of the foraging region’s history.  **NIL – N/A** (Please X)

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| **Product Name** | **For Control Of** | **Area Name/Number** | **Area Covered** | **Month** | **Year** |
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1. ***That*** natural sprays have been used in the foraging region (eg. pyrethrums, etc.) as specified below over the past three (3) years of the foraging regions history:  **NIL –**  **N/A** (Please X)

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1. ***That*** chemical weed control has been used in the foraging region as specified below over the past three (3) years of the foraging regions history:  **NIL –**  **N/A** (Please X)

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1. **That** non-chemical weed control has been used in the foraging region as specified below over the past three (3) years of the foraging regions history.  **NIL –**  **N/A** (Please X)

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| **Product Name** | For Control Of | **Area Name/Number** | **Area Covered** | **Month** | **Year** |
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1. ***That*** defoliants have been used in the foraging region as specified below over the past three (3) years of the foraging regions history:  **NIL –**  **N/A** (Please X)

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| **Product Name** | **For Control Of** | **Area Name/Number** | **Area Covered** | **Month** | **Year** |
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1. ***That*** fungicides have been used in the foraging region (including pre-treated seed dressing) as specified below over the past three (3) years of the foraging regions history:  **NIL –**  **N/A** (Please X)

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| **Product Name** | **For Control Of** | **Area Name/Number** | **Area Covered** | **Month** | **Year** |
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1. ***That*** the premises has been sprayed by Statutory or related authorities, or by external contractors, for weeds, locusts, etc, including irrigation drains, adjoining roadsides, etc as specified below over the past three (3) years of the foraging regions history:  **NIL -**  **N/A** (Please X)

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| **Product Name** | **For Control Of** | **Area Name/Number** | **Area Covered** | **Month** | **Year** |
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1. ***That*** vermin control for rabbits, pigs, kangaroos, grasshoppers etc has been practised as specified below over the past three (3) years of foraging regions history: **NIL –**  **N/A (Please X)**

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| **Product Name** | **For Control Of** | **Area Name/Number** | **Area Covered** | **Month** | **Year** |
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1. ***That*** I/We have used fumigants as specified below over the past three (3) years of the foraging regions history:

**NIL –**  **N/A (Please X)**

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| **Product Name** | **For Control Of** | **Area Name/Number** | **Area Covered** | **Month** | **Year** |
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**33. *That*** the source of the irrigation  I /  we use, and the method of application is: **N/A** (Please X)

LIVESTOCK

**34. *That*** for registered conventional chemical or other synthetic external parasite control for management of bees/hives, that such products have been used as specified below over the past three (3) years of the foraging regions and hive management history:  **NIL –**  **N/A** (Please X)

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| **Product Name** | **For Control Of** | **Hive #s/ID** | **Month** | **Year** |
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1. ***That***  I /  We have used other means for external parasite control in hives as specified below over the past three (3) years of the foraging regions/hives history:  **NIL –**  **N/A** (Please X)

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| **Product Name** | For Control Of | **Hive #s/ID** | **Month** | **Year** |
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1. ***That***  I /  We have used registered conventional chemical or other synthetic internal parasite control for all managed hives as specified below over the past three (3) years of the operation’s history:

**NIL –**  **N/A** (Please X)

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| **Product Name** | **For Control Of** | **Hive #s/ID** | **Month** | **Year** |
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1. ***That*** I /  We have used other means of internal parasite control in all managed hives as specified below over the past three (3) years of the operation’s history:  **NIL –**  **N/A** (please X)

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| **Product Name** | **For Control Of** | **Hive #s/ID** | **Month** | **Year** |
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1. ***That*** the following products have/have not been used by me/us for bee farming: (please indicate X)
   1. Growth inhibitors, regulators, promotants: YES / NO       years
   2. Sewage sludge or products containing same: YES / NO  years
   3. Commercial stock feed - licks: YES / NO  years
   4. Antibiotics: YES / NO  years
   5. Chemical colorants: YES / NO  years
   6. Vaccines: YES / NO       years
   7. Irradiated products YES / NO  years
   8. Synthetic amino acids (livestock) YES / NO  years
   9. Any other synthetic chemicals used: YES / NO  years

## Any genetically engineered seedstock YES / NO years

If YES to any of the above, please provide details:

1. ***That***  I/  We have used contractors as set out in the following:  YES /  NO (please X)

**Name Job Month & Year**

**40.** ***That*** the storage facilities seeking certification are as follows:

**41.** ***That*** if products are dried  I /  We use:  -  **N/A** (Please X)

1. Natural methods of
2. Heat Exchange
3. Other (please specify)
4. ***That*** our products are value-added (i.e.: products processed in any way) on operation:  YES /  NO (please X)

If YES – refer also to Processor Statutory Declaration.

**43.** ***That*** our products are sold directly through conventional market outlets: YES /  NO

Please detail:

1. ***That*** if products are to be stored, cleaned or processed off the operation before final sale, the details of such commercial entities involved are:  **N/A** (Please X)

Name:

Address:

Telephone No: (     )

1. ***That*** there isany known residual or past chemical history of the entire foraging area for certification.

YES / NO (please X)

(If yes, please specify):

### 46. 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 CURRENT VERSION OF THE RELEVANT STANDARD/S TO WHICH CERTIFICATION IS SOUGHT, AND WILL COMPLY WITH ALL RELEVANT PROVISIONS OF THE CERTIFICATION PROGRAMS: (please tick)

No

Yes

# D. I ACKNOWLEDGE THIS DECLARATION IS MADE WITH A CLEAR UNDERSTANDING OF THE REQUIREMENTS SET OUT IN THE RELEVANT STANDARD/S: (please tick)

No

Yes

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

No

Yes

# F. I ACKNOWLEDGE THAT ANY DEPARTURE FROM THE PRINCIPLES OF THE RELEVANT STANDARD/S 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

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

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

**Family members are ineligible to witness documentation.**

**The following list details people that can witness a stat dec 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:
  1. in a country or place outside Australia; and
  2. authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
  3. exercising his or her function in that place
* Employee of the Commonwealth who is:
  1. in a country or place outside Australia; and
  2. authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
  3. 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:

1. an officer; or
2. a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
3. 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:

1. the Parliament of the Commonwealth; or
2. the Parliament of a State; or
3. a Territory legislature; or
4. 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:

1. the Commonwealth or a Commonwealth authority; or
2. a State or Territory or a State or Territory authority; or
3. 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:

1. the Commonwealth or a Commonwealth authority; or
2. a State or Territory or a State or Territory authority
3. Sheriff

* Sheriff’s officer
* Solicitor

Teacher employed on a full-time basis at a school or tertiary education institution.

# APPENDICES

|  |  |
| --- | --- |
| ENTERPRISE PLAN A enterprise plan must be included with every application. Please review the sample enterprise plan before commencing your plan. All requested details must be included. It is preferred the enterprise 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 PREMISES Detailed directions from the nearest town must be supplied with every application to enable the inspector to visit the premises. | **Appendix 2** |
| TOPOGRAPHICAL MAP A topographical map must be included with every application. Maps may be available from local council, Department of Natural Resources, DPI or other relevant departments. Please attach the map to the inside back cover of this document. | **Appendix 3** |
| LIVESTOCK EXEMPTION FORM Complete this form if livestock are not maintained in your organic management system. | **Appendix 4** |
| PRODUCT DECLARATION FOR FEED SUPPLEMENTS Complete this form if feed supplements (commercial products/own blend) are included in your organic management system. | **Appendix 5** |
| LEASE AGREEMENT If the premises are leased, a lease agreement must accompany your application. | **Appendix 6** |
| ADDITIONAL INFORMATION It is optional to forward additional information. Should you wish to do so, attach to the inside back cover of this document. | **Appendix 7** |

**Your application will be returned if all necessary information is not provided.**

**APPENDIX 1 – ENTERPRISEPLAN**

**NAME**

# Total farm area Acres/Hectares

# Total area requested for certification Acres/Hectares

Please review the sample farm plan (next page) before commencing your plan. The following details must be included, or this document will be returned. Area names/numbers, area of each area in acres/hectares, livestock quarantine area, indicate any old dip sites, holding yards, shearing sheds etc. dams, bores, water courses, windbreaks/buffer zones and neighbouring activities. Orchards must also include number of trees, rows and species.

**Please complete in black or blue pen only, or provide computerised copy.**

|  |  |  |
| --- | --- | --- |
| Paddocks **1.**  **2.**  **3.**  **4.**  **5.**  **6.**  **7.**  **8.**  **9.**  **10**  **11.** | **Legend**  **Slope of land** Wind Direction **Dam**  **Internal Fence**  **Gate**  **Track**  **Road**  **Buildings** | **Contour bank**  **Water point/trough**  **Bore**  **Dip site**  **Area requesting certification (part property certification only** |

**APPENDIX 2 – DIRECTIONS TO PREMISES**

**NAME**

**This map shows directions from the nearest largest town (town name) to my property.**