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| **CLIENT DETAILS** |
|  |
| TRADING NAME: |  |  | CERTIFICATION NO: |  |  |
| PROPERTY SIZE: |  (ACRES/HECTARES) |  | YEAR OF PURCHASE: |  |  |
| **POSTAL ADDRESS** |  |  | **BUSINESS ADDRESS** |  |  |
| ADDRESS 1: |  |  | ADDRESS 1: |  |  |
| ADDRESS 2: |  |  | ADDRESS 2: |  |  |
| SUBURB OR TOWN |  |  | SUBURB OR TOWN |  |  |
| STATE & PC |  |  | STATE & PC |  |  |
| COUNTRY |  |  | COUNTRY |  |  |
| **APPLICANT 1** |  |  | **APPLICANT 2** | *If applicable* |  |
| FIRST NAME: |  |  | FIRST NAME: |  |  |
| SURNAME: |  |  | SURNAME: |  |  |
|  |
| TELEPHONE: |  |  | TELEPHONE: |  |  |
| MOBILE: |  |  | MOBILE: |  |  |
| EMAIL: |  |  | EMAIL: |  |  |
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| **LIST ALL PRODUCTS YOU WISH TO BE CERTIFIED FOR USDA NOP** |
|  |
| PRODUCT 1: |  |  | PRODUCT 5: |  |  |
| PRODUCT 2: |  |  | PRODUCT 6: |  |  |
| PRODUCT 3: |  |  | PRODUCT 7: |  |  |
| PRODUCT 4: |  |  | PRODUCT 8: |  |  |
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| **DECLARATION** |
| **IMPORTANT INFORMATION** |
| 1 | I have included an **Organic Management Plan** and **Fraud Prevention Plan** with this application for export access. |  | YES (MANDATORY) |
| 2 | I understand that if **withdrawal of application** is made at any stage of certification, the applicant will be liable for all costs and services provided up until the time of withdrawal of the application, if the applicant voluntarily withdraws their application prior to issuance of notice of non-compliance or denial they will not be issued notices. |  | YES (MANDATORY) |
| 3 | I understand that additional **audits** may be announced or unannounced at the discretion of the certifying agent by USDA under the NOP. |  | YES (MANDATORY) |
| 4 | I understand that additional **testing** may be required at the discretion of the certifying agent by USDA under the National Organic Program. |  | YES (MANDATORY) |
| 5 | I understand that I am not required to be charged for **testing** prior to certification being granted, in accord with USDA NOP stipulations. |  | YES (MANDATORY) |

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| **PREVIOUS APPLICATIONS** |
| 6 | Have you ever applied for certification with another certifying body? |  | YES |  | NO |  |
|  |
| 7 | If yes, what was the year the application was made? |  | DATE |  |
|  |
| 8 | Have you ever received a non-conformance with that organisation? |  | YES |  | NO |  |
| 9 | Has this non-compliance been corrected – please give details below. |  | YES |  | NO |  |
|  |
|  | PLEASE SPECIFY: |  |

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| **AUTHORISATION** |
|  |
|  | PRINT FULL NAME CLEARLY |  | SIGNATURE |  |
|  |
|  |  |  | DATE |  |

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| **PAYMENT OPTIONS** |
| Upon submitting this application and supporting documentation, ACO will issue an invoice for the selected services as per the ACO Fee Schedule, which must be paid for the application process to commence. Payment options include credit card, EFT or cheque made payable to ACO Certification Ltd. Please note: prices on the ACO Fee Schedule are exclusive of GST. |