**Please complete this form and submit to NASAA Certified Organic.**

PO Box 768 Stirling SA 5152 **TEL** +61 8 7231 7700 **EMAIL**  [info@ncocertifiedorganic.com.au](mailto:info@ncocertifiedorganic.com.au)

Where a section and/or question is not relevant to your operation, please indicate this by inserting Not Applicable or N/A.

|  |
| --- |
| **APPLICANT DETAILS** |

|  |  |  |
| --- | --- | --- |
| **Company Name**  **(as per ABN registration)** |  | |
| **ABN or Business Number** |  | |
| **Trading As** |  | |
| **Contact Person Full Name** |  | |
| **Contact Person’s Position** |  | |
| **Contact Person’s Phone no.** |  | |
| **Contact Person’s Mobile no.** |  | |
| **Contact Person’s**  **E-mail** |  | |
| **Accounts Email (if**  **different from above)** |  | |
| **Information displayed**  **on website** *(if different*  *from contact person details)* |  | |
| **Postal Address** |  | |
| **Physical Address** |  | |
| **Legal Status of**  **Farm** | Sole Proprietorship/ Legal Partnership/ Cooperation/ Trust/Non-Profit  Other (specify): | |
| **Years of Ownership** |  | |
| **Main Property Information**  **Location Details:** | **Name of Main Property:**  Total Area: ha  Area to be certified: ha  If you know your GPS coordinates, please provide the coordinates for the homestead of each property listed above and below.  Please attach any extra directions. This will assist the inspector to locate your property. | |
| **If Additional Property Locations exist please**  **include all other property details here:** | **Name Property 2:**  Total Area: ha  Area to be certified: ha  Property location information: | **Name Property 3:**  Total Area: ha  Area to be certified: ha  Property location information: |

|  |
| --- |
| **REQUIRED INFORMATION** |

1. Are you currently, or have you previously been certified for the certification program(s) you are applying for?

|  |  |  |
| --- | --- | --- |
| YES |  | **If Yes,** provide   1. **name of the certifying body:** |
| NO |  |

1. **name of certification program**

eg Australian Government, NOP, JAS, EU, Domestic only; Food Safety, Environmental:

1. **Expiry Date of most recent Compliance Certificate:**
2. **If Freshcare, date of last unannounced Audit:**
3. **Complete Appendix A.**
4. Have you been denied certification by another certification body?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES |  | **If Yes**, you agree to release certification denial documentation from previous certifier | YES |  |
| NO |  |  | NO |  |

3. Select Certification Program/Service

|  |  |  |  |
| --- | --- | --- | --- |
| **Tick to select** | **ORGANIC CERTIFICATION**  **PROGRAM** | **APPLICABLE REGULATION/STANDARD** | **ALLOWS ORGANIC MARKET ACCESS TO:** |
|  | **AUSTRALIA** | * National Standard for Organic and Biodynamic Produce and * NASAA Organic and Biodynamic Standard | * All unregulated markets * EU & Switzerland for Plant & Processed Product; * Taiwan * Japan for Plant, Livestock and Processed Product | AUSTRALIA |
|  |
|  | **NASAA** | **DOMESTIC**   * NASAA Organic and Biodynamic Standard | * Australian producers who do not supply wholesale or processing chain * Sales turnover of less than $40K | **NASAA** |
|  | **INTERNATIONAL**   * NASAA Organic and Biodynamic Standard | * All unregulated markets for International Operators | 1. Australian producers who do not supply wholesale or processing chain 2. less than $40,000 |
|  | **IFOAM** | * NASAA Organic and Biodynamic Standard and * IS\_IFOAM Program Operator Additional Requirements | * Private certification schemes that require IFOAM certification | **IFOAM** |
|  | **NOP**  National Organic Program | * USDA Organic Regulations   ([7 CFR part 205](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTgwMzEzLjg2OTAzOTIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE4MDMxMy44NjkwMzkyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3OTYxMDcxJmVtYWlsaWQ9ZnJhbmNlcy5tdXNpY2FsZ2FyZGVuQGdtYWlsLmNvbSZ1c2VyaWQ9ZnJhbmNlcy5tdXNpY2FsZ2FyZGVuQGdtYWlsLmNvbSZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&100&&&https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=3f34f4c22f9aa8e6d9864cc2683cea02&tpl=/ecfrbrowse/Title07/7cfr205_main_02.tpl)) | * Regulated USA Market * Regulated Canada Market under USA-Canada organic equivalency recognition |
|  | **JAS**  Japanese Organic Program | * Japanese Agricultural Standard (JAS) for organic products | * Regulated Japanese Market |
|  | **EU Wine**  Note: Completed Additional EU Wine Application Form Required | * NASAA Organic and Biodynamic Standard and * Additional Requirements for Wine to EU | * Regulated EU, UK & Swiss Market |
|  | **EU Livestock**  Note: Completed Additional EU Livestock Application Form Required | * NASAA Organic and Biodynamic Standard and * IS\_EU Livestock Program Operator Additional Requirements\_ | * Regulated EU, UK & Swiss Market |
|  | **EU Plant Products**  **International Operators** | * NASAA Organic and Biodynamic Standard and * IS\_ EU Plant & Plant Products Additional Requirements (International) | * Regulated EU, UK & Swiss Market |
|  | **Grower Group** | * IS\_Grower Group Certification Criteria\_ | ONLY in conjunction with one or more of the above programs and  ONLY where permitted by the program |
|  | Other Organic Programs Please specify which programs are required: | Korea  China  FairTrade (FairTSA)  Pacific Organic  BioSwisse  Naturland | * Regulated Markets of Korea & China respectively * Private certification schemes that require FairTrade, Pacific Organic or BioSwisse certiification |

|  |  |  |  |
| --- | --- | --- | --- |
| **Tick to select** | **NON-ORGANIC CERTIFICATION PROGRAM** | **APPLICABLE REGULATION/STANDARD** | **ALLOWS MARKET ACCESS TO:** |
|  | FRESHCARE  **Food Safety** | * Freshcare Food Safety & Quality Standard | * schemes that require Freshcare Foodsafety certification |
|  | * Freshcare Supply Chain Standard Food Safety & Quality |
|  | FRESHCARE  **Environmental /**  **Sustainability** | * Freshcare Environmental/ Sustainability Standard | * schemes that require Environmental/Sustainability certification |
|  | * Freshcare Australian Wine Industry Standard of Sustainable Practice (AWISSP) – Viticulture |
|  |
| * Freshcare Australian Wine Industry Standard of Sustainable Practice (AWISSP)- Winery |

4. Indicate (by ticking) if any the following applies to your operation:

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **EXPLANATION** |  |
| Multiple Location (ML) | * + A separate site owned by a certified operator under the certified business operation and not within close proximity of the main certified operation   + All products/produce /livestock are sold under the name of the certified operator.   + The site will be given an identification number and will be listed on the contract schedule and certificate of the main licensee. Examples: additional depot of a certified transport operation; additional landholding owned/operated by a producer; storage silo facilities for a processor.   + Production and handling is the same as that of the main license’s certified operation. |  |
| Sub-licence (SL) | * + A third party operation not directly certified but is subcontracted by a certified operator to provide a service such as packing, storage, processing.   + A certified operator takes responsibility for the certification with the sub-licensee subcontracted to the certified operator. Inspection of third party operation is required.   + May not be involved in an export chain (if so must be directly certified in own right) |  |

5. a. Indicate (by ticking) the applicable production system(s) for which certification is required:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Horticulture |  | Crop |  | Livestock |  | Dairy |  |
| Meat |  | Eggs |  | Apiculture |  | Aquaculture |  |
| Wildharvest |  | Sprouts |  | Mushrooms |  | Wine |  |
| Biodynamic |  | Nursery |  | Grower Group |  |  |  |
| Value-Added/ Processed | | |  | Other (Specify) | | |  |

b. Provide estimated date/s for next harvest or frequency of production run for the above indicated product/s:

|  |  |
| --- | --- |
| **CROP/PRODUCT Name** | **Next Harvest/Production Date** |
|  | xx/xx/20XX |
|  |  |
|  |  |

6. a. Submitadocumented **Management Plan (MP)** which describes how the management practices for each of the above selected production systems complies with the selected Certification Program Regulation/Standard requirements**.**

*Note: An Organic Management Plan (OMP) template form and Information Sheet is available from NCO office or from the NCO website*.

Management Plan Attached**:**

|  |  |
| --- | --- |
| YES |  |
| NO |  |

b. Farm/Paddock History – covering previous 3 years

In addition to submitting a Management Plan, the previous farm management/paddock history must also be provided with this application. The Information should include all inputs used, along with any management practices which do not comply with the Certification Program requirements. In order to adequately assess this information, the dates of last of these applications/use/management practice(s) must also be provided.

Note: An example of information required is as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YEAR | PRODUCT/PRACTICE USED | DATE OF LAST APPLICATION | PURPOSE | AREA/STOCK TREATED |
| 20XX | Brand name/activity | xx/xx/20XX | eg weedicide  fertiliser | Area ID & ha  stock identification &  numbers |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Farm/Paddock 3 Year History Attached**:**

|  |  |
| --- | --- |
| YES |  |
| NO |  |

7. If On-Farm Processing occurs, you must complete a Processor Application Form and also submit a Management/Handling Plan (MP) including a flow plan showing product movement through the facility.

*An Organic Handling Plan (OHP) template form is available from NCO office or from the NCO website*.

Processing Application Attached**:**

|  |  |
| --- | --- |
| YES |  |
| NO |  |

8. If Off-Farm processing occurs, the processing operation must either be certified in its own right, or be subjected to NCO inspection under a sub-licence agreement (see question 4 above).

|  |  |  |  |
| --- | --- | --- | --- |
| Processing Operation carries same Program Certification as requested in this application: | YES |  | **Attach** current certificate |
| NO |  | **Attach** Sub-licence Processing Application |

9. Do you import or plan to import organic product?

|  |  |  |
| --- | --- | --- |
| YES |  | If yes, list product(s) and country/ies of origin: |
| NO |  |
| NA |  |

10. Do you currently export or plan to export organic product?

|  |  |  |
| --- | --- | --- |
| YES |  | If yes, list countries you are or intend exporting to: |
| NO |  |
| NA |  |

|  |
| --- |
| **DECLARATION** |

I [Name in full]

[Address]

[Occupation]

**DO SOLEMNLY AND SINCERELY DECLARE AS FOLLOWS:**

1. I am the applicant named in the attached questionnaire/\*employed by the applicant company named in the attached questionnaire as and am authorised to make this statutory declaration on behalf of the applicant.

2. I have read the Certification Program Standard/Regulation(s) as relevant to this application and I understand the purpose of the Standard(s) and what is required in order to comply with them. I agree to:

i) comply with the requirements of the applicable standards/requirements for the program(s) for which I have applied.

ii) operate in accordance with the Standard(s) from henceforth.

iii) inform NCO (and other relevant certifiers, if any) of any breach of standard(s) that may affect the integrity or status of the Certified Products and/or notify NCO immediately of any activity that could impact on the integrity of certified product.

3. The last application of any prohibited material on the property/land under application was on / /

4. I have completed the above questionnaire having regard to the Standard(s) and from my own knowledge. The answers given are true and accurate. If NCO requires further information in relation to my application, I agree to supply it to NCO. I understand that NCO will rely upon the answers and information contained in this document and associated attachments in deciding whether to certify me/the applicant in accordance with the Standard(s) and that it is important to the integrity of the Standard(s) and the scheme of certification operated by NCO that the answers and information provided in this document are true and accurate. I understand that if the information I have supplied is false the application will be cancelled.

5. I understand and agree:

i) to give authority to NCO to ask my previous certifier (if applicable) for any information regarding previous non-compliances.

ii) that if initial review of this application is successful, NCO will deploy an inspector/auditor to visit my premises and take appropriate samples for testing.

- Cost of the tests are covered by me.

- The inspector/auditor may be directly employed by NCO or by another certification agency subcontracted to NCO.

- I consent to the use of subcontracted inspection personnel and/or laboratories as required.

iii) that if certification is granted, NCO will perform annual inspection (or inspections as required by the certification program) and that this may also include additional and/or unannounced inspections of my operation.

iv) to grant right of access to all appropriate facilities and to all relevant documentation including financial records to NCO and to any delegated auditors of NCO’s accreditors.

6. I provide this information on the understanding that it will be used in accordance with NCO’s Privacy Statement. I accept that there may be an exchange of information with other certifiers as required if:

a) the certified operation or associated sublicenses are inspected by another certifier,

b) certification is transferred to another certifier.

1. I agree to notify NCO should I withdrawal from certification
2. I agree that if I withdraw or am decertified I will keep all relevant certification records for at least 5 years.
3. I accept that NCO is required to inform the program accreditation authorities of the withdrawal or decertification.

Note: If such termination relates to the JAS program, then NCO is required to publish the fact of verified fraudulent labelling found to occur after the termination.

**AND I DECLARE** the statements and information contained above to be true and to the best of my knowledge.

**DECLARED at** [Address]­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

the day of (M/Y).

[Signature of person making the declaration] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before (name of Witness): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of Witness]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Delete whichever is not applicable

|  |
| --- |
| PRIVACY INFORMATION |

NCO is committed to handling personal information about you in accordance with the Privacy Act.

NCO may collect and hold information about you for the purposes of assessing, reviewing and making decisions about your suitability for certification. You may have access to your certification application file held by NCO.

NCO will handle all such information confidentially and will not divulge it to any party outside NCO without your written permission except that:

* Generalised information may be extracted to be used for statistical purposes without disclosing personal details
* NCO may release such information to those accreditation bodies and other certifying organisations in some circumstances
* NCO may release information to meet any lawful obligations imposed upon it by statutory authorities
* NCO will publish notice of your certification (if granted) on its website and will include your general certification details (operation, scope of certification, certification status, and contact details) on a list.
* NCO may disclose copies of your Certificates of Registration for the current and three previous calendar years to the general public

|  |
| --- |
| PAYMENT DETAILS  Application fees cover initial inspection deposit and application fee.  Please refer to the **NCO Fee Schedule** to determine applicable fee.  The application fee portion is non-refundable. |

**Insert combined initial application & inspection cost from NCO Fee Schedule or your application email into your selected certification.**

|  |  |  |  |
| --- | --- | --- | --- |
| **AUSTRALIA** | $ | **MULTIPLE LOCATIONS** | $ |
| **NASAA INTERNATIONAL** | $ | **SUBLICENSED OPERATION** | $ |
| **OTHER PROGRAMS** | | | |
| **As ADD-ON’s** | | **As Stand-Alone** | |
| **IFOAM** | $ | **NOP** |  |
| **NOP** | $ |
| **JAS** | $ | **JAS** |  |
| **EU** | $ |
| **Freshcare – Food Safety** | $ | **Freshcare – Food Safety** |  |
| **Freshcare - Sustainable** | $ | **Freshcare - Sustainable** |  |
| **Fast Track Fee** | $ |  |  |

Please supply me with a quote for inspection

Please **send** me a hard copy of the NASAA Organic Standard (price per Fee Schedule) **$**

(Electronic copy of the standard can be downloaded from NASAA website for free)

I would like to become a member of NASAA Organic (optional) **$** 99.00

*(Membership subscription – 12 months @ $99 Inc. GST)*

**TOTAL AMOUNT PAYABLE $**

**Cheque:** Made payable to ***NASAA Certified Organic Pty. Ltd.***

**Credit Card:** VISA MASTERCARD

|  |  |
| --- | --- |
| Cardholder’s Name |  |
| Card no |  |
| CCV no  (last 3/4 digits on card back) |  |
| Expiry Date |  |

**Direct Debit**: to NASAA Certified Organic Pty Ltd account; BSB 085-458, Account No 83-272-8926

For International Transfers: BIC/Swift Code: NATAAU3303M

|  |
| --- |
| **APPENDIX A**  **AUTHORISATION TO RELEASE DATA**  Complete the below only if transferring your Certification to NASAA Certified Organic (NCO): |

**If transferring from another Certification Body, please complete the following:**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_duly give**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authority to disclose the following documents to NCO.**

**(name of former Certification Body)**

* **Latest certificate**
* **Details of any outstanding NC’s**
* **Copy of last inspection report**

**Signature:**

**Date:**