

Business/ Trading Name:			
Cert No.		Client Name	

Australian Certified Organic Pty Ltd ABN 74 099 884 983
 PO Box 530 CHERMSIDE BRISBANE QLD 4032 Ph: 07 3350 5706 Fax: 07 3350 5996 info@aco.net.au www.australianorganic.com.au



ACO – CERTIFIED CLIENT STATEMENT AND ORGANIC MANAGEMENT PLAN UPDATE PRODUCER

***Please keep the original and give a copy to the auditor. The Auditor completing your annual audit will witness your signature and return the document to ACO Head office together with your audit report. (If you are currently JAS or NOP certified, please send a copy of this form to the ACO office BEFORE your annual audit for document review)**

Please complete this form, providing details/activities since your last audit. All relevant sections must be completed to ensure accurate information is recorded on your Licence Agreement and Certification Certificate.

As this Declaration is covering a wide range of sectors, some questions may not relate to your operation. If so, please mark "N/A". If extra information is to be supplied (eg copies of sections of your business' Organic Management Plan or related HACCP manual/s) please append these to this declaration and note next to the relevant questions that this is so.

***Please check all client details and property information inserted below and amend and correct as required.**

SECTION ONE: General Information

FIRST NAME		SURNAME	
FIRST NAME		SURNAME	
TRADING NAME:			
CERTIFICATION NUMBER:		CERTIFICATION DESCRIPTION:	
CERTIFIED PRODUCTS:			
ADDITIONAL ENTERPRISE			
Postal Address			
Date of last audit:		Year Stat Dec submitted:	

FIRST PROPERTY Real Property Description (from rate notice)

Lot No		Area	
Hundred		County	
Parish		Shire	
Property Location			

First Property Contact Name & Contact Details (Please tick preferred contact method)

Surname		Given Names	
<input type="checkbox"/> Phone		<input type="checkbox"/> Mobile	
<input type="checkbox"/> Fax		<input type="checkbox"/> Email	

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First Property Area

Certified Area	hectares	Farm Total Area	hectares
Certification Status	ha, Certified Organic	ha, In Conversion	ha Pre Certified

SECOND PROPERTY Real Property Description (from rate notice)

Lot No		Area	hectares
Hundred		County	
Parish		Shire	
Property Location			

Second Property Contact Name & Contact Details (Please tick preferred contact method)

Surname		Given Names	
<input type="checkbox"/> Phone		<input type="checkbox"/> Mobile	
<input type="checkbox"/> Fax		<input type="checkbox"/> Email	

Second Property Area

Certified Area	hectares	Farm Total Area	hectares
Certification Status	ha, Certified Organic	ha, In Conversion	ha Pre Certified

LEASED & EXTENSION AREAS

Leased Area	hectares	Extension Area	hectares
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***IF THIS CERTIFIED CLIENT STATEMENT APPLIES TO MORE THAN 2 PROPERTIES, PLEASE PROVIDE THE ABOVE INFORMATION FOR EACH ADDITIONAL PROPERTY.**

***IF YOU WISH CHANGES TO EXISTING CERTIFIED AREA AND OR PRODUCTS, PLEASE CONTACT THE ACO OFFICE PRIOR TO AUDIT.**

Type of operation:	
What year did you last submit a complete Organic Management Plan?	
Have you reviewed your last complete Organic Management Plan prior to completing this update?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date that OMP was reviewed:
Do you have a current copy of the Standard? (Australian Organic Standard , NOP, JAS as relevant)	<input type="checkbox"/> Yes <input type="checkbox"/> No Standard name & Version:

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SECTION TWO: Description of Measures Taken to Meet Previous Year’s Corrective Action Requests

This is an important part of your annual application. Failure to address previous requirements could result in suspension of certification. **Please refer to last year’s Licence Agreement and Audit report.**

Were there any Corrective Action Requests from last year’s audit? Yes No

a) If yes, please complete the following table, listing each CAR and the action taken to address the CARs. Attach relevant documents if necessary.

Corrective Action Requests	Action taken to address the CAR

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SECTION FOUR: Inputs

4a) Fertilisers and Manures: List all purchases of mulch materials, pesticides, composts, microbes, fungicides, weedicides, livestock treatments, cleaning chemicals and any other inputs used since last audit. (***NOP certified client also needs to complete separate field history for last 12 months**)

***If you have an existing input purchase record, please attach a copy.**

Product	Supplier / Brand name	Quantity	Certification Body	Registered Product or Certification Number	Allowed or Restricted in Annex I?	Reason for use

SECTION FIVE: Seeds

5a) Seed Source.
 Please provide details of **seeds and plant materials (bulbs, cuttings seedlings etc)** brought in: (describe source and give amounts of materials brought in).

Seed Type	Supplier / Brand name	Quantity	Organic	GMO Free	Treated?	Written Approval for use, if not organic?

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SECTION SEVEN: Sales & Packing

***PLEASE ATTACH A COPY OF ALL CURRENT LABELLING DESIGNS AND / OR ARTWORK.**

7a) Have you designed/printed **new labels and or packaging during the year?**

- NO
- YES (if yes, please specify)

Was prior approval sought from ACO prior to printing?

- NO
- YES (if yes, please specify)

7b) Please specify details of produce sent **to outside packers (Contract Packer)**

Company Name	Address	Certification Number	Other Cert (HACCP/QA)	Produce sent

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SECTION EIGHT: Organic Management Plan Update

Have you added any of the following:

- | | | |
|-------------------------------------|-----------------------------|------------------------------|
| New Livestock Enterprise | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| New Crop | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Additional Land under Certification | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Additional Certified Products | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Value Adding / Cottage Industry | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| New Livestock Enterprise | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Other (Please Specify): | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

Have you changed any of the following:

- | | | |
|--|-----------------------------|------------------------------|
| Crop Rotation Management | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Soil Health & Fertility Management | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Soil Health & Fertility Inputs | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Composting Methods | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Crop Pest / Disease Management | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Crop Pest / Disease Control Inputs | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Weed Management | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Weed Control Inputs | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Livestock Management | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Livestock Grazing Management | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Livestock Feeds or Supplements | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Livestock Pest / Disease Management | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Livestock Pest / Disease Control Inputs | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Biodiversity Management | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Feral Animal Management and Control | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Water & Irrigation Management | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Post Harvest Handling | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Buildings / Infrastructure / Paddock Sizes | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Certified Area | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Quarantine Paddocks | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Other (Please Specify): | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

***If you have ticked “YES” to any of the above, please summarise changes on the following page.**

***Please also update your Organic Management Plan to cover all aspects of management. Give a copy of the updated pages or entire updated OMP to the auditor.**

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SECTION NINE: Organic Management Plan Update – Summary of changes made

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AUTHORISATION

Please sign this Statement, and have witnessed by the auditor completing your annual audit.

- I/we have a copy of the Australian Organic Standard (and other international standards if relevant) and have read and understood the requirements for certification.
- I/we agree to farm to the Australian Organic Standard (and other international standards if relevant) to the best of our ability until our next annual audit.
- I/we are aware that we will be liable for penalties applicable to the relevant state for any wilfully false statement.
- I/we hereby request ACO to renew our certification and amend when necessary the terms of our Licence Agreement issue date as specified below, and agree to pay all relevant fees and charges associated with the renewal of certification.

Last Licence Agreement Issue Date		Certification Number	
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I;

Surname		Given Names	
Address			
Address 2		Postcode	

DECLARE that all relevant records and documentation have been made available to the ACO office and ACO auditor which gives a comprehensive description of production practices as required in the current ACO Standards. Where there have been non-compliances with the Australian Organic Standard in regard to the management of certified area/s and or livestock, these have been communicated in writing to the ACO office and or made available to the ACO auditor at the time of the audit.

DECLARE that the statements made in this declaration are a true and accurate description of the activities of the certified operation listed in the declaration.

CLIENT SIGNATURE:			
	Print Full Name Clearly	Signature	Date
AUDITOR SIGNATURE:			
	Print Full Name Clearly	Signature	Date