



STATUTORY DECLARATION

ORGANIC PRIMARY PRODUCERS

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 the last page before a Justice of the Peace, Police Officer, a Commissioner for Declarations, a Barrister or Solicitor.
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.

##IMPORTANT!!PRE-CERTIFICATION COMMENCES FROM THE DATE OF RECEIPT OF THIS DOCUMENT INTO THE OFFICE

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 1-5)	



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1. LICENSEE(S) DETAILS			
GIVEN NAMES:	<input type="text"/>	TRADING NAME:	<input type="text"/>
SURNAME:	<input type="text"/>		
PROPERTY ADDRESS			
ADDRESS 1:	<input type="text"/>		
ADDRESS 2:	<input type="text"/>		
SUBURB OR TOWN:	<input type="text"/>	POSTCODE:	<input type="text"/>
STATE:	<input type="text"/>	COUNTRY:	<input type="text"/>

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

2. OPERATION DETAILS	
ABN:	<input type="text"/>
ARBN:	<input type="text"/>
TICK APPLICABLE	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Operator <input type="checkbox"/> Public Company <input type="checkbox"/> Trust

3. POSITION DETAILS	
TICK APPLICABLE	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-owner <input type="checkbox"/> Employee <input type="checkbox"/> Sharefarmer <input type="checkbox"/> Partner <input type="checkbox"/> Other (PLEASE SPECIFY)
	<input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Secretary <input type="checkbox"/> Shareholder <input type="checkbox"/> Consultant

4. CONTACT DETAILS			
TELEPHONE (W):	<input type="text"/>	FAX (W):	<input type="text"/>
TELEPHONE (AH):	<input type="text"/>	FAX (AH):	<input type="text"/>
MOBILE:	<input type="text"/>	EMAIL:	<input type="text"/>

5. REAL PROPERTY DESCRIPTION (REFER TITLE DEED/RATES NOTICE)			
LOT NO:	<input type="text"/>	AREA:	<input type="text"/> (acres/hectares)
HUNDRED:	<input type="text"/>	COUNTY:	<input type="text"/>
PARISH:	<input type="text"/>	SHIRE:	<input type="text"/>
LOCATION	<input type="text"/>	STATE:	<input type="text"/>

IF MORE THAN ONE PROPERTY, PLEASE ATTACH ADDITIONAL DETAILS

6. OWNERSHIP OF PROPERTY	
THE PROPERTY HAS BEEN IN THE CONTROL OF THE OPERATOR SINCE :	<input type="text"/>

CLIENT		WITNESS (JP)	
INITIALS	DATE:	INITIALS	DATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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7. LEASE OR SHAREFARM

IS THIS PROPERTY LEASED OR SHAREFARMED: (please tick)

- 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 _____

8. MEMBERSHIP/CERTIFICATION

HAVE YOU OR YOUR ORGANISATION EVER BEEN REFUSED MEMBERSHIP OF, OR HAD CERTIFICATION WITHDRAWN, 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)

STATEMENTS 9-14 RELATE TO YOUR ENTIRE PROPERTY, WHETHER SEEKING FULL CERTIFICATION OR NOT

9. ENTIRE PROPERTY AREA

THE ENTIRE AREA OF THE PROPERTY IS:

Property Area: _____ HECTARES ONLY

10. ENTIRE PROPERTY COMPOSITION

ARABLE & NON ARABLE LAND:

Arable Land: _____	HECTARES ONLY	Non-Arable Land: _____	HECTARES ONLY
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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: _____
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11. AREA SEEKING CERTIFICATION

ACO CERTIFICATION IS REQUESTED ON: (please tick)

- Part Property (please provide details below)

CLIENT		WITNESS (JP)	
INITIALS _____	DATE: _____	INITIALS _____	DATE: _____



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Whole Property (Go to Q12)

THE AREA OF THE PROPERTY SEEKING CERTIFICATION:

Property Area: _____	HECTARES ONLY
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REASON WHY WHOLE PROPERTY IS NOT TO BE CERTIFIED:

Please explain why 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 FOLLOWING PRODUCTS:

Product 1 _____	Product 7 _____
Product 2 _____	Product 8 _____
Product 3 _____	Product 9 _____
Product 4 _____	Product 10 _____
Product 5 _____	Product 11 _____
Product 6 _____	Product 12 _____

13. CONSULTANTS

DO YOU USE CONSULTANTS: (please tick)

- No
- Yes (please provide details below)

CONSULTANTS DETAILS

Please provide details on the services they provide:

Street Address	_____
Address 2	_____
Suburb/Town	_____
Country	_____ PC _____

CLIENT	WITNESS (JP)
INITIALS _____ DATE: _____	INITIALS DATE:



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14. LIVESTOCK

DO YOU HAVE LIVESTOCK: (please tick)

- No (Go to Q16)
- Yes (please provide details below)

THE AVERAGE NUMBERS OF LIVESTOCK CARRIED IS:

Sheep: _____	Poultry: _____
Cattle: _____	Others: _____

WILL THESE LIVESTOCK HAVE ACCESS TO CERTIFIED / TO BE CERTIFIED AREAS: (please tick)

- No
- Yes

WILL THESE LIVESTOCK BE MANAGED ORGANICALLY AS SPECIFIED IN THE ACO STANDARD: (please tick)

- No (please provide details below)
- Yes

Please explain reason why these livestock are not to be included in certification:

15. ORGANIC LIVESTOCK MANAGEMENT

BREEDING METHODS OF ORGANICALLY MANAGED LIVESTOCK:

Please explain breeding methods:

REPLACEMENT STOCK AND SOURCE OF ORGANICALLY MANAGED LIVESTOCK:

Please explain replacement stock and source:

16. CONVENTIONAL/NON ORGANIC PRODUCTION

CONVENTIONAL PRODUCTION:

CROP TYPE	EST. PRODUCTION NEXT 12 MONTHS

CLIENT		WITNESS (JP)	
INITIALS	DATE:	INITIALS <input style="width: 100%;" type="text"/>	DATE: <input style="width: 100%;" type="text"/>



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STATEMENTS 17-20 RELATE TO THE AREAS FOR WHICH CERTIFICATION IS SOUGHT.

17. SOIL DEVELOPMENT TECHNIQUES

PROVIDE DETAILS OF SOIL DEVELOPMENT TECHNIQUES USED IN YOUR PRODUCTION SYSTEM:

i.e. green manuring, rotational cropping and grazing principles, mulching etc:

DO YOU COMPLETE REGULAR SOIL TESTING: (please tick)

- No
 Yes - how often _____.

18. 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)

KNOWN RESIDUAL OR PAST CHEMICAL HISTORY OF THE PROPERTY THAT MAY AFFECT CERTIFICATION:

Please detail:

CLIENT		WITNESS (JP)	
INITIALS	DATE:	INITIALS <input type="text"/>	DATE: <input type="text"/>



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LIVESTOCK N/A (please tick this box if you don't have livestock) - GO TO Q21

19. PARASITE CONTROL

WRITE DOWN ANY PARASITE CONTROL (BOTH SYNTHETIC AND NATURAL) FOR LIVESTOCK USED OVER THE PAST THREE(3) YEARS OF THE PROPERTY'S HISTORY.

PRODUCT	NATURAL/ SYNTHETIC	FOR CONTROL OF	AGE OF STOCK	INTERNAL/ EXTERNAL	MONTH	YEAR

20. OTHER PRODUCTS USED

Write down other products (i.e. growth inhibitors, promotants, antibiotics, vaccines etc) used and how long they have been used.

21. CONTRACTORS

I/WE HAVE USED CONTRACTORS: (please tick)

- No
 Yes (complete details below)

CONTRACTORS USED:

CONTRACTOR NAME	JOB	MONTH	YEAR

CLIENT		WITNESS (JP)	
INITIALS	DATE:	INITIALS	DATE:



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22. STORAGE METHODS

STORAGE METHODS ON OR OFF-FARM OF PRODUCTS SEEKING CERTIFICATION ARE AS FOLLOWS:

Please explain:

23. OFFSITE PROCESS DETAILS

OUR PRODUCTS ARE STORED/CLEANED/PROCESSED OFF THE PROPERTY BEFORE FINAL SALE: (please tick)

- No
 Yes (please provide details below)

OFFSITE DETAILS

PROCESS

Address 1 _____
 Address 2 _____
 Suburb/Town _____
 Country _____ PC _____

PROCESS

Street Address _____
 Address 2 _____
 Suburb/Town _____
 Country _____ PC _____

24. 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 BIOLOGICAL FARMERS OF AUSTRALIA CO-OP LTD 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

CLIENT		WITNESS (JP)	
INITIALS	DATE:	INITIALS	DATE:



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- 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 RECEIVED, READ AND UNDERSTOOD THE REQUIREMENTS OF THE CERTIFICATION PROGRAMME OPERATED BY THE BIOLOGICAL FARMERS OF AUSTRALIA: (please tick)
 - No
 - Yes

SIGNED:	_____	_____	_____
	Print Full Name Clearly	Signature	Date
WITNESSED BY:	_____	_____	_____
(JP)	Print Full Name Clearly	Signature	Date

A THIS DOCUMENT MUST BE SIGNED BEFORE A JUSTICE OF THE PEACE, A COMMISSIONER FOR DECLARATIONS, A BARRISTER OR SOLICITOR.

B ALL PAGES MUST BE SIGNED AND WITNESSED OTHERWISE DOCUMENT WILL BE RETURNED

CLIENT	WITNESS (JP)
INITIALS _____ DATE: _____	INITIALS <input style="width: 100px; height: 20px;" type="text"/> DATE: <input style="width: 100px; height: 20px;" type="text"/>

APPENDICES

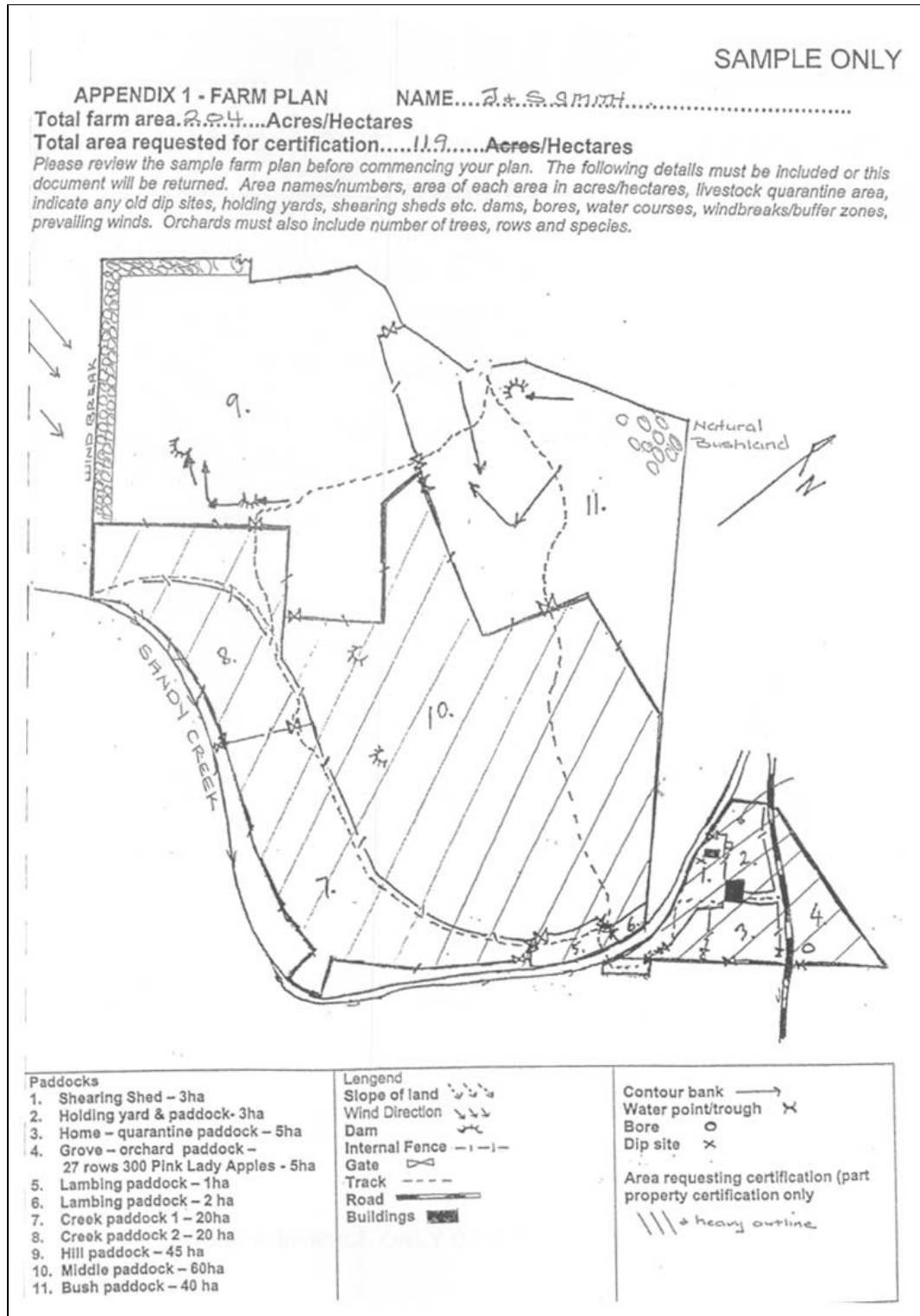
(PLEASE ATTACH THE FOLLOWING DOCUMENTS TO SUBMIT WITH THIS STATUTORY DECLARATION)

<p style="text-align: center;">FARM MAP</p> <p>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).</p>	<p style="text-align: center;">Appendix 1</p>
<p style="text-align: center;">DIRECTIONS TO PROPERTY</p> <p>Detailed directions from the nearest town must be supplied with every application to enable the inspector to visit the property.</p>	<p style="text-align: center;">Appendix 2 (form attached)</p>
<p style="text-align: center;">TOPOGRAPHICAL MAP</p> <p>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.</p>	<p style="text-align: center;">Appendix 3</p>
<p style="text-align: center;">LEASE AGREEMENT</p> <p>If the property is leased, a lease agreement must accompany your application.</p>	<p style="text-align: center;">Appendix 4 (form attached)</p>
<p style="text-align: center;">ORGANIC FARM PLAN/ORGANIC LIVESTOCK MANAGEMENT PLAN</p> <p>A form is available to download from ACO website (www.aco.net.au) or you can obtain a form from the ACO customer support office (info@aco.net.au).</p>	<p style="text-align: center;">Appendix 5</p>

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

PRODUCERS STATUTORY DECLARATION APPENDICIES

APPENDIX 1: FARM PLAN (EXAMPLE)

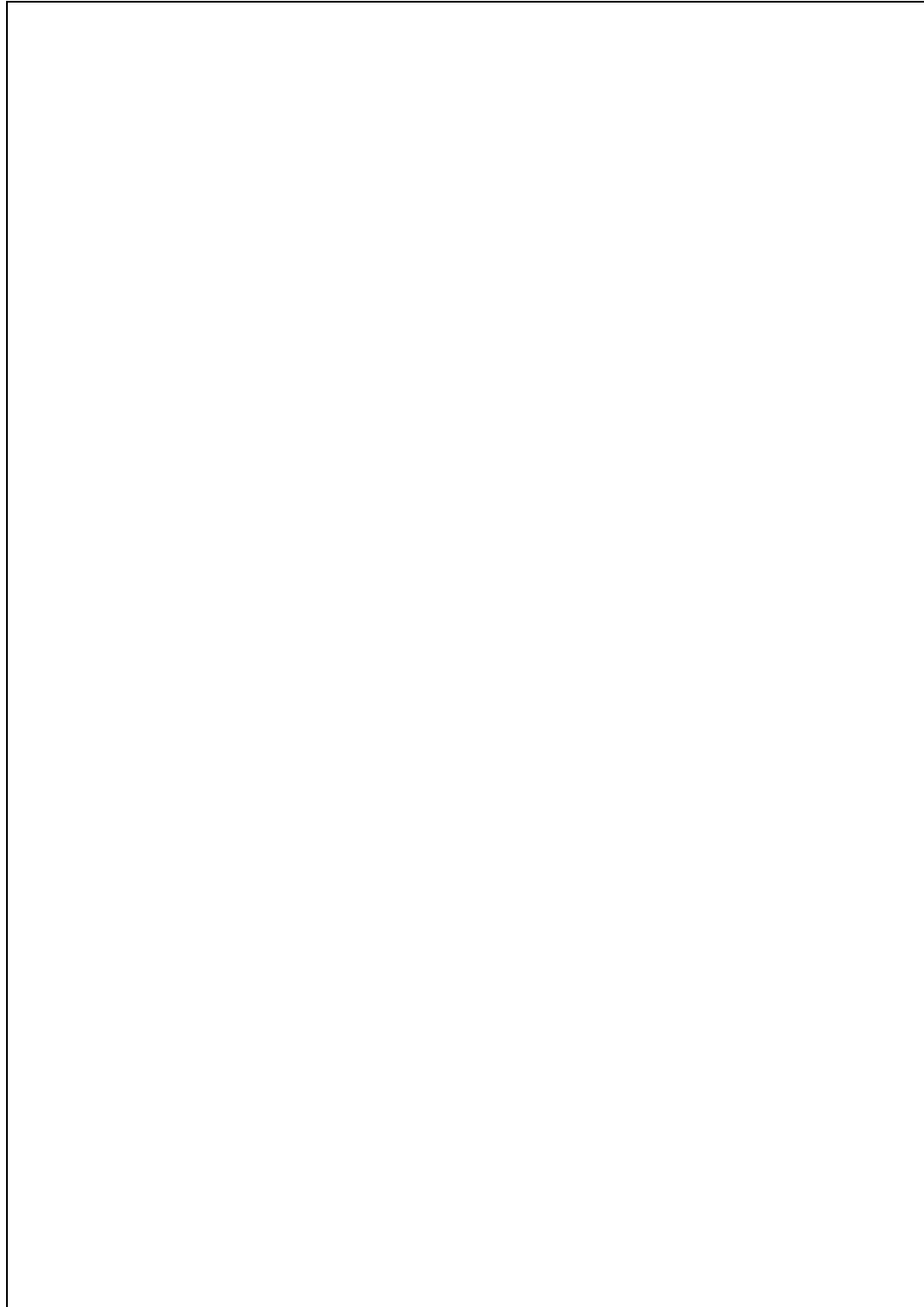


PRODUCERS STATUTORY DECLARATION APPENDICIES

APPENDIX 2: DIRECTIONS TO PROPERTY (MUST BE COMPLETED)

Name: _____	Nearest Town: _____
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*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.***



PRODUCERS STATUTORY DECLARATION APPENDICIES

APPENDIX 4: 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 Certification Program' operated by the Biological Farmers of Australia.

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

Authorised by:	_____	_____	_____
	Print Full Name Clearly	Signature	Date