



CONTRACTOR DECLARATION

THIS FORM MUST BE COMPLETED EVERY TIME A CONTRACTOR IS USED IN AN ORGANICALLY CERTIFIED OR IN-CONVERSION AREA

CLIENT DETAILS			
YOUR NAME:	<input type="text"/>	CERTIFICATION NO:	<input type="text"/>
TRADING NAME:	<input type="text"/>		
POSTAL ADDRESS		BUSINESS ADDRESS	
ADDRESS 1:	<input type="text"/>	ADDRESS 1:	<input type="text"/>
ADDRESS 2:	<input type="text"/>	ADDRESS 2:	<input type="text"/>
SUBURB OR TOWN	<input type="text"/>	SUBURB OR TOWN	<input type="text"/>
STATE & PC	<input type="text"/>	STATE & PC	<input type="text"/>
TELEPHONE:	<input type="text"/>	MOBILE:	<input type="text"/>
FAX:	<input type="text"/>	EMAIL:	<input type="text"/>

AUTHORISATION:
Crops to be harvested/work to be undertaken (please specify) _____ _____
Total area to be harvested (ha) _____ Date harvesting/work commenced _____
Tick the following box if correct:
<input type="checkbox"/> I have inspected the harvester/equipment and believe that it was clean of all visible traces of farm soil, crop residue and other foreign matter prior to commencing harvesting of my crop/contract work.
AUTHORISED BY: _____ Print Full Name Clearly Signature Date

CONTRACTOR (THIS SECTION MUST BE COMPLETED BY CONTRACTOR/OPERATOR/OWNER)

OWNER DETAILS
Owners Surname _____ First Name(s) _____

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

OWNERS CONTACT DETAILS
Telephone _____
Telephone - AH _____
Mobile _____
Email _____

OPERATOR DETAILS
Operators Surname _____ First Name(s) _____



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HARVEST DETAILS

Date Harvesting/Work to commence	_____		
Registration of Harvester/Equipment	_____	State of Registration	_____
Brief description of harvester/equipment model, make etc	_____		

Details of any chemical treatment of harvester during off season	_____		

At Least 20 Tonne of Grain Must be Harvested After Any Chemical Treatment Prior To Harvesting Certified Product.			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has 20 tonnes of grain been harvested after any chemical treatments?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Has the harvester been inspected by any state authority?	
If Yes Please Provide Details: _____			

CLEAN DOWN PROCEDURE

Were all Soil and Crop Contact Surfaces Cleaned to Remove All Visible Traces of farm soil,
<input type="checkbox"/> NO
<input type="checkbox"/> YES
Details of Clean Down Procedures For Harvester/Equipment: _____

AUTHORISATION

AUTHORISED BY:	_____	_____	_____
	Print Full Name Clearly	Signature	Date