



DELIVERY NOTIFICATION

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"/>

CERTIFICATION DETAILS FOR PRESCRIBED ORGANICALLY PRODUCED LIVESTOCK

SUPPLIER DETAILS:			
Organic Certification Number	<input type="text"/>	Tail Tag Numbers	<input type="text"/>
Brand/Identification Mark	<input type="text"/>		
GROWER DETAILS (IF NOT SUPPLIER):			
Surname	<input type="text"/>	First Name(s)	<input type="text"/>
Organic Certification Number	<input type="text"/>	Tail Tag Numbers	<input type="text"/>
Number of Cattle this consignment (head)	<input type="text"/>	Brand/ID Mark	<input type="text"/>
AUTHORISED BY SUPPLIER:			
<input type="text"/>		<input type="text"/>	<input type="text"/>
Print Full Name Clearly		Signature	Date

TRANSPORT DETAILS (To be completed by Transport Driver)

TRANSPORT/DELIVERY DETAILS:			
Transport Company (please specify)	<input type="text"/>		
Truck Registration	<input type="text"/>	Trailer Registration	<input type="text"/>
TRUCK INSPECTION: (please tick)			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Was truck clean for organic transport?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no , was truck washed prior to loading?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were any non-certified livestock loaded on this transport?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes , were non-certified livestock loaded below certified livestock?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Was delivery pen clearly identified as organic?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Was there a delivery number at works (please specify): <input type="text"/>	
AUTHORISED BY TRANSPORTER:			
<input type="text"/>		<input type="text"/>	<input type="text"/>
Print Full Name Clearly		Signature	Date