



ORGANIC HONEY PRODUCER

STATUTORY DECLARATION

Australian Certified Organic

Note: Pre-certification commences from the date of receipt of this document in the ACO office

Office Use Only:

Date Received:

Initial Inspection Paid: Y / N

Application Paid: Y / N

Letter of Acknowledgement: Y / N

Important Notice: INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

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.

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.

If certification is required for more than one beekeeping operation, on separate titles or under separate management systems, a Statutory Declaration must be completed for each operation.

All questions must be answered, write N/A, Nil or None if not applicable.

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.

Within one month of receipt of this document:

- A BFA authorised auditor will make an appointment to visit your operation for an evaluation for certification. This first audit of your operation should occur within the first three months from your application – unless you have elected for the fast track payment option.
- Sample/s of honey and/or beeswax 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.

Signed

Witnessed (JP)

CHECKLIST

The following checklist must be completed prior to posting your application. This will assist in the appraisal of your application.

Information / Documentation	Tick when completed.
That all sections of the Statutory Declaration have either been answered or marked Not Applicable.	<input type="checkbox"/>
This Statutory Declaration has been initialled and dated <u>at the bottom of every page</u> 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.	<input type="checkbox"/>
Additionally, the client and witness have printed their names, signed in full and dated this Statutory Declaration on page 16.	<input type="checkbox"/>
That an enterprise plan is enclosed. Details include apiary sites names/numbers, old dip sites, dams, bores and water courses.	<input type="checkbox"/>
That an area sketch and a written description giving clear directions from the nearest town to the honey extracting facility involved is enclosed to enable the inspector to visit the premises.	<input type="checkbox"/>
That a topographical map (government, blinmap – Natural Resources or similar) with property clearly marked is enclosed.	<input type="checkbox"/>
That a ACO 'Lease Agreement' is completed and enclosed if the operation is leased.	<input type="checkbox"/>
That a 'Product Declaration for Feed Supplements' form is completed for feed supplements for livestock producers – example for poultry feed, pig feed etc.	<input type="checkbox"/>
Any additional, relevant information to support this application is attached to the inside back page of this document. This may include elements of an Organic Management Plan where extra information is required in relation to managing your operation in conformance with the Organic Standard.	<input type="checkbox"/>

Forward to:

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@bfa.com.au www.australianorganic.com.au



Signed

Witnessed (JP)



PRIMARY PRODUCER STATUTORY DECLARATION

Please print clearly in CAPITAL LETTERS

1. **THAT** I _____

2. of _____ (address)

in the State of _____

being the person responsible for this Declaration (herein referred to as the operator) and trading as: _____

do solemnly and sincerely declare:

2. **That** being: Sole Operator, Partnership, Company, Trust, Public Company - ACN Number / ARBN Number _____ (if applicable) and ABN Number: _____

3. **THAT** my position is: Sole Owner, Co-owner, Partner, Director, Shareholder, Manager, Sharefarmer, Employee, Consultant, Secretary or: _____

4. **THAT** my telephone numbers are: Business: (_____) _____

After Hours: (_____) _____ Fax: (_____) _____

Email: _____ Mobile: _____

5. **THAT** the Real Property Description is: (refer title deed/rates notice, etc)

Section of Lot no etc: _____

County/Hundred etc of: _____

Parish/County etc of: _____

Shire of: _____ State: _____

6. **THAT** I, and my organisation, have never been refused membership of / or certification

Signed

Witnessed (JP)

withdrawn with any certifying Organic / Bio-Dynamic organisations? YES / NO (please X)

If yes provide details: _____

Statements 7 - 18 relate to your entire property, whether seeking full certification or not.

7. **THAT** the entire area of the property is: _____ Hectares (NB in hectares only)

8. **THAT** I / We have _____ .Ha of arable land
 _____ Ha of non arable land
 Total _____ Ha
 Consisting of: _____ Ha of native vegetation
 _____ Ha of irrigated country
 _____ Ha of horticulture practice
 _____ Ha of broadacre cropping (annually)
 _____ Ha of tree crops/vines
 _____ Ha of grazing/pastoral country

*** Please attach a map of hives and forages and a list of numbers of hives with ID#.**

9. **THAT** soil type/s consist of: _____

10. **THAT** average rainfall is: _____

11. **THAT** the property has been in the control of the operator since: _____

12. **THAT** if leased or share farmed, the owner is: _____

Address: _____

Telephone: () _____ N/A

Please note, where relevant, a lease agreement must accompany this application, complete lease agreement – Appendix 6.

13. **THAT** BFA Certification is requested on:

Signed

Witnessed (JP)

i) Whole operation YES / NO (please X)

ii) If NO, area seeking certification _____ Ha

iii) Reason why whole operation is not to be certified:

14. **THAT** the following is a brief description of bee farming practices on area/s not seeking certification:

15. **THAT** I hereby apply for BFA certification for the following products:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

16. **THAT** we use the following consultant/s: _____ **N/A** (Please circle)

Address:

For the following service/s:

.....
.....

17. The average number of hives carried is:

i) Hives: _____

ii) Nucleus Hives: _____

Will these hives only have access to certified / to be certified areas?

YES / NO (please X)

Signed

Witnessed (JP)

Will all these hives be managed organically as specified in the BFA Standard?

YES / NO (please X)

If NO please explain reason why these hives are not to be included in certification.

Signed

Witnessed (JP)

Statements 19 - 50 relate to the areas for which certification is sought. The BFA require an accurate and comprehensive report on all practices and inputs for the past three years. If more space is required, please append extra sheets.

18. That in relation to potential contaminants I declare that:

- a) No GMO (Genetically Modified Organism) crops are planted within a minimum distance of 5 km radius from any hives managed for certification.
- b) Hives will be maintained at a distance sufficient to ensure no contamination may occur from pollen from GMO crops – at a minimum this distance shall be a 5 km radius from any hives managed for certification
- c) No other contamination sources are present – as specified in the BFA Standard – within a minimum distance of 5 km radius from any hives managed for certification.
- d) All potential sources of contamination are managed in a manner to reduce or eliminate risks to contamination from sources as specified in the BFA Standard.
- e) All hives are placed so as only to allow foraging by bees in regions which, have been verified not to have received prohibited inputs as specified in the BFA Standard for at least the last 3 years.

19. For all areas where foraging will occur that synthetic soluble fertilisers have been applied (eg. superphosphate, muriate or sulphate of potash, nitrogenous fertilisers, including urea, etc) as specified below over the past three (3) years of the foraging regions history:

NIL – **N/A** (Please X)

Product Name	Type	Rate/ha	Paddock Area Name/Number	Area Covered	Month	Year

20. **THAT** natural fertilisers (eg crushed rock, {minerals} liquid, animal manures

Signed

Witnessed (JP)

{raw/processed}, composts etc) have been used in the foraging region as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

Product Name	Type	Rate/ha	Area Name/Number	Area Covered	Month	Year

21. **THAT** soil activators have been used in the foraging region as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

Product Name	Type	Rate/ha	Area Name/Number	Area Covered	Month	Year

Signed

Witnessed (JP)

22. **THAT** specific trace elements have been used in the foraging region as specified below over the past three (3) years of the foraging regions history. **NIL** – **N/A** (Please X)

Element	Rate/ha	Area Name/Number	Area Covered	Month	Year

23. **THAT** agricultural chemical insecticides have been used in the foraging region as specified below over the past three (3) years of the foraging region’s history. **NIL** – **N/A** (Please X)

Product Name	For Control Of	Area Name/Number	Area Covered	Month	Year

24. **THAT** natural sprays have been used in the foraging region (eg. pyrethrums, etc.) as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

Product Name	For Control Of	Area Name/Number	Area Covered	Month	Year

Signed

Witnessed (JP)

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25. **THAT** chemical weed control has been used in the foraging region as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

Product Name	For Control Of	Area Name/Number	Area Covered	Month	Year

26. **THAT** non-chemical weed control has been used in the foraging region as specified below over the past three (3) years of the foraging regions history.
 NIL – **N/A** (Please X)

Product Name	For Control Of	Area Name/Number	Area Covered	Month	Year

27. **THAT** defoliant have been used in the foraging region as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

Product Name	For Control Of	Area Name/Number	Area Covered	Month	Year

28. **THAT** fungicides have been used in the foraging region (including pre-treated seed dressing) as specified below over the past three (3) years of the foraging regions history:

Signed

Witnessed (JP)

NIL – **N/A** (Please X)

Product Name	For Control Of	Area Name/Number	Area Covered	Month	Year

29. **THAT** the premises has been sprayed by Statutory or related authorities, or by external contractors, for weeds, locusts, etc, including irrigation drains, adjoining roadsides, etc as specified below over the past three (3) years of the foraging regions history:

NIL - **N/A** (Please X)

Product Name	For Control Of	Area Name/Number	Area Covered	Month	Year

30. **THAT** vermin control for rabbits, pigs, kangaroos, grasshoppers etc has been practised as specified below over the past three (3) years of foraging regions history:

NIL – **N/A** (Please X)

Product Name	For Control Of	Area Name/Number	Area Covered	Month	Year

31. **THAT** I/we have used fumigants as specified below over the past three (3) years of the foraging regions history: **NIL** – **N/A** (Please X)

Product Name	For Control Of	Area Name/Number	Area Covered	Month	Year

Signed

Witnessed (JP)

32. **THAT** the source of the irrigation I / we use, and the method of application is:
N/A (Please X)

LIVESTOCK

33. **THAT** for registered conventional chemical or other synthetic external parasite control for management of bees/hives, that such products have been used as specified below over the past three (3) years of the foraging regions and hive management history:

NIL – **N/A** (Please X)

Product Name	For Control Of	Hive #s/ID	Month	Year

34. **THAT** I / We have used other means for external parasite control in hives as specified below over the past three (3) years of the foraging regions/hives history:

NIL – **N/A** (Please X)

Product Name	For Control Of	Hive #s/ID	Month	Year

35. **THAT** I / We have used registered conventional chemical or other synthetic internal parasite control for all managed hives as specified below over the past three (3) years of the operation's history: **NIL** – **N/A** (Please X)

Product Name	For Control Of	Hive #s/ID	Month	Year

Signed

Witnessed (JP)

36 **THAT** I / We have used other means of internal parasite control in all managed hives as specified below over the past three (3) years of the operation's history:

NIL – **N/A** (please X)

Product Name	For Control Of	Hive #s/ID	Month	Year

37. **THAT** the following products have/have not been used by me/us for bee farming:
(please indicate X)

- a) Growth inhibitors, regulators, promotants: YES / NO ____ years
- b) Sewage sludge or products containing same: YES / NO ____ years
- c) Commercial stock feed - licks: YES / NO ____ years
- d) Antibiotics: YES / NO ____ years
- e) Chemical colorants: YES / NO ____ years
- f) Vaccines: YES / NO ____ years
- g) Irradiated products YES / NO ____ years
- h) Synthetic amino acids (livestock) YES / NO ____ years
- i) Any other synthetic chemicals used: YES / NO ____ years
- J) Any genetically engineered seedstock YES / NO ____ years

If YES to any of the above, please provide details:

38. **THAT** I / We have used contractors as set out in the following:
 YES / NO (please X)

Name **Job** **Month & Year**

Signed

Witnessed (JP)

39. **THAT** the storage facilities seeking certification are as follows:

40. **THAT** if products are dried I / We use: _____ - **N/A** (Please X)

- a) Natural methods of _____
- b) Heat Exchange _____
- c) Other (please specify) _____

41. **THAT** our products are value-added (ie: products processed in any way) on operation:
 YES / NO (please X)

If YES – refer also to Processor Statutory Declaration.

42. **THAT** our products are sold directly through conventional market outlets: YES / NO

Please detail: _____

43. **THAT** if products are to be stored, cleaned or processed off the operation before final sale, the details of such commercial entities involved are: **N/A** (Please X)

Name: _____

Address: _____

Telephone No: () _____

44. **THAT** there is any known residual or past chemical history of the entire foraging area for certification. YES / NO (please X)

(If yes, please specify):

45. **THAT** I / We understand honey or beeswax and possible soil testing will be required at my expense, and that further testing may be required at future dates.

46. **THAT** I / We understand that regular samples of my/our produce will be subject to a random chemical residue, GMO or other test and could be at my own expense where it cannot be verified that contamination did not otherwise arise from on-farm practices.

47. **THAT** I / We acknowledge this declaration is made with a clear understanding of

Signed

Witnessed (JP)

APPENDICES

<p>ENTERPRISE PLAN</p> <p>A enterprise plan must be included with every application. Please review the sample enterprise plan before commencing your plan. All requested details must be included. It is preferred the enterprise 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>Appendix 1</p>
<p>DIRECTIONS TO PREMISES</p> <p>Detailed directions from the nearest town must be supplied with every application to enable the inspector to visit the premises.</p>	<p>Appendix 2</p>
<p>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. Please attach the map to the inside back cover of this document.</p>	<p>Appendix 3</p>
<p>LIVESTOCK EXEMPTION FORM</p> <p>Complete this form if livestock are <u>not</u> maintained in your organic management system.</p>	<p>Appendix 4</p>
<p>PRODUCT DECLARATION FOR FEED SUPPLEMENTS</p> <p>Complete this form if feed supplements (commercial products/own blend) are included in your organic management system.</p>	<p>Appendix 5</p>
<p>LEASE AGREEMENT</p> <p>If the premises are leased, a lease agreement must accompany your application.</p>	<p>Appendix 6</p>
<p>ADDITIONAL INFORMATION</p> <p>It is optional to forward additional information. Should you wish to do so, attach to the inside back cover of this document.</p>	<p>Appendix 7</p>

Your application will be returned if all necessary information is not provided.

Signed

Witnessed (JP)

APPENDIX 1 - ENTERPRISEPLAN NAME.....

Total farm area.....Acres/Hectares

Total area requested for certification.....Acres/Hectares

Please review the sample farm plan (next page) before commencing your plan. The following details must be included or this document will be returned. Area names/numbers, area of each area in acres/hectares, livestock quarantine area, indicate any old dip sites, holding yards, shearing sheds etc. dams, bores, water courses, windbreaks/buffer zones and neighbouring activities. Orchards must also include number of trees, rows and species.

Please complete in black or blue pen only, or provide computerised copy.

<p>Paddocks</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11. 	<p>Legend Slope of land Wind Direction Dam Internal Fence Gate Track Road Buildings</p>	<p>Contour bank Water point/trough Bore Dip site</p> <p>Area requesting certification (part property certification only)</p>
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Signed

Witnessed (JP)

APPENDIX 2 - DIRECTIONS TO PREMISES

NAME.....

This map shows directions from the nearest largest town (town name) to my property.

Signed

Witnessed (JP)