



# JAS APPLICATION

## 1. CLIENT DETAIL

TRADING NAME	
ACO CERTIFICATION #	
Type of business (i.e. Producer, Processor etc)	
POSTAL ADDRESS	
PREMISES ADDRESS (Address where you wish to have certified.)	
TELEPHONE	
FAX	
EMAIL	

## 2. PRODUCT DETAIL

LIST ALL PRODUCT YOU WISH TO BE CERTIFIED FOR JAS (INGREDIENT DECLARATIONS MUST BE ATTACHED FOR EACH PRODUCT.)

1		5	
2		6	
3		7	
4		8	

## 3. CERTIFICATION TYPE (Please tick)

- Production Process Manager (PPM) for Agricultural Product
- Production Process Manager (PPM) for Processed Product
- Production Process Manager (PPM) for Organic Feed
- Repacker/Sub-divider/Relabeller

## 4. AGREEMENT

1	I understand that I have to prepare certain specified documents that are required for becoming JAS certified.	<input type="checkbox"/> YES
2	I understand that I have to follow ACO's instructions and disclose necessarily documents at any time on ACO's request.	<input type="checkbox"/> YES
3	I understand that I have to comply with JAS law and handle JAS logo appropriately.	<input type="checkbox"/> YES
4	I understand that I have to submit annual JAS grading report to ACO at the end of June each year.	<input type="checkbox"/> YES

## 5. PREVIOUS APPLICATION

1	Have you ever been certified for JAS previously? (If yes, write down the year when	
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	your JAS certification was withdrawn.)	
2	Have you ever received a non compliance of certification?	
3	Has the non compliance been corrected? Please write down the details.	

## PAYMENT METHODS

### CHEQUE OR MONEY ORDER

PAYABLE TO:	<b>Australian Certified Organic</b>	<b>IMPORTANT: PLEASE MARK CHEQUES NOT NEGOTIABLE</b>
<b>DIRECT CREDIT PAYABLE TO:</b>	<b>Australian Certified Organic</b> Bank: Suncorp Metway Branch: Toowoomba City – Ruthven St Toowoomba QLD 4350  <b>BSB: 484-799</b> <b>A/C: 049 831 630</b>	<b>IMPORTANT: TO ENSURE FUNDS ARE PROMPTLY AND CORRECTLY CREDITED TO YOUR ACCOUNT YOU MUST:</b>  1. <b>Reference your transaction</b> with the number of the invoice you are paying or your company name; and  2. <b>Fax or email a remittance advice</b> detailing your company name, the date and amount of your payment and the invoice numbers that you have paid. <i>Fax: 07 3350 5996 or Email: <a href="mailto:accounts@bfa.com.au">accounts@bfa.com.au</a></i>

### CREDIT CARD

AMOUNT (AU\$):	<b>\$ 455.00</b>	TYPE OF CARD: (PLEASE TICK):
EXPIRY DATE:		<input type="checkbox"/> BANKCARD
NAME ON CARD:		<input type="checkbox"/> MASTERCARD
SIGNATURE:		<input type="checkbox"/> VISA
CARD NUMBER:		<i>We are unable to accept AMEX</i>

**I HEREBY DECLARE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.**

**NAME;** \_\_\_\_\_

**TITLE;** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE;** \_\_\_\_\_