



STATUTORY DECLARATION ORGANIC PROCESSORS

NOTE: PLEASE RETURN THIS COMPLETED DOCUMENT TO THE ACO OFFICE AT: ADDRESS STATED ABOVE

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 FACILITY, on separate titles or under separate management systems, a Statutory Declaration must be completed for each FACILITY.

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:

- An ACO authorised auditor will make an appointment to visit your FACILITY 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 PRODUCT may be taken for chemical residue testing.
- The auditor's report is forwarded to the Certification Review Committee, which analyses all factors relating to organic processing. 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.

THE FOLLOWING CHECKLIST MUST BE COMPLETED PRIOR TO POSTING YOUR APPLICATION. THIS WILL ASSIST IN THE APPRAISAL OF YOUR APPLICATION.

| CHECKLIST | 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 . | |
| Organic Handling Plan has been filled out. | |
| Documents required in Organic Handling Plan have been attached. | |
| That an area sketch and a written description giving clear directions from the nearest town to the facility involved is enclosed to enable the auditor to visit the property. | |

STATUTORY DECLARATION ORGANIC PROCESSORS



1. LICENSEE(S) DETAILS

I, BEING THE PERSON RESPONSIBLE FOR THIS DECLARATION (HEREIN REFERRED TO AS THE OPERATOR):

| | |
|---------------|-------------------|
| Surname _____ | Given Names _____ |
|---------------|-------------------|

TRADING AS:

| |
|--------------------|
| Trading Name _____ |
|--------------------|

DO SOLEMNLY AND SINCERELY DECLARE:

2. OPERATION DETAILS

OPERATION TYPE: (please tick)

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Company | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Operator |
| <input type="checkbox"/> Public Company | <input type="checkbox"/> Trust | |

BUSINESS NUMBERS:

| | |
|-----------|----------------------------|
| ABN _____ | ARBN (If applicable) _____ |
|-----------|----------------------------|

3. POSITION DETAILS

MY POSITION IS: (please tick)

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Sole Owner | <input type="checkbox"/> Partner | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Co-owner | <input type="checkbox"/> Director | <input type="checkbox"/> Shareholder |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Manager | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Sharefarmer | <input type="checkbox"/> Other (please specify) _____ | |

4. SHAREHOLDER / PARTNER DETAILS

SHAREHOLDER / PARTNER 1:

| | |
|---------------|-------------------|
| Surname _____ | Given Names _____ |
|---------------|-------------------|

SHAREHOLDER / PARTNER 2:

| | |
|---------------|-------------------|
| Surname _____ | Given Names _____ |
|---------------|-------------------|

SHAREHOLDER / PARTNER 3:

| | |
|---------------|-------------------|
| Surname _____ | Given Names _____ |
|---------------|-------------------|

SHAREHOLDER / PARTNER 4:

| | |
|---------------|-------------------|
| Surname _____ | Given Names _____ |
|---------------|-------------------|

CLIENT

WITNESS (JP)

| | | | |
|----------------|-------------|----------------|-------------|
| Initials _____ | Date: _____ | Initials _____ | Date: _____ |
|----------------|-------------|----------------|-------------|

5. CONTACT DETAILS

MY CONTACT DETAILS ARE:

| | | | |
|-----------------|-------|-----------|-------|
| Telephone (BUS) | _____ | FAX (BUS) | _____ |
| Telephone (AH) | _____ | FAX (AH) | _____ |
| Mobile | _____ | Email | _____ |

6. PROCESSING FACILITY ADDRESS DETAILS

POSTAL ADDRESS:

PHYSICAL ADDRESS:

| | | | |
|----------|-------|----------|-------|
| Address | _____ | Address | _____ |
| Suburb | _____ | Suburb | _____ |
| Postcode | _____ | Postcode | _____ |

7. BUSINESS ACTIVITIES

THAT CORE BUSINESS ACTIVITIES ARE:

8. CERTIFICATION TYPE

THAT CERTIFICATION IS SOUGHT AS AN: (please tick)

- Independent Processor Contract Processor
 Independent Packer Contract Packer

AND THAT THE NAMES OF RELEVANT OTHER PARTIES OR BUSINESSES ASSOCIATED WITH THE HANDLING AND PROCESSING OF CERTIFIED PRODUCTS ARE/WILL BE

(IF YOU ARE CONTRACT PACKER/PROCESSOR, YOU MUST WRITE DOWN THE COMPANY YOU ARE PACKING/PROCESSING FOR.)

9. CURRENT CERTIFICATION

ARE YOU CURRENTLY CERTIFIED WITH ANY OTHER CERTIFYING BODIES? (please tick)

- No
 Yes (please provide details below)

| CLIENT | | WITNESS (JP) | |
|----------|-------|--------------|-------|
| Initials | Date: | Initials | Date: |
| _____ | _____ | _____ | _____ |

10. PROCESS DESCRIPTION

THAT THE DESCRIPTION OF PROCESSES INVOLVED IN HANDLING AND PROCESSING ORGANIC CERTIFIED PRODUCT IS?

11. OTHER CERTIFIED PRODUCTS

THAT THERE ARE PRODUCTS, OTHER THAN ACO CERTIFIED PRODUCT HANDLED AND PROCESSED? (please tick)
NO

Yes (please provide details below)

12. FURTHER COMMENTS (If necessarily)

THAT FURTHER COMMENTS ARE:

13. NOTIFICATION

THAT ANY DEPARTURE FROM THE REQUIREMENTS SPECIFIED BY THE CURRENT BIOLOGICAL FARMERS OF AUSTRALIA FOR ORGANIC PRODUCTION, PROCESSING AND MARKETING MUST BE NOTIFIED TO THE ACO IN WRITING AS THIS OCCURS.

14. DECLARATION

- A. 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
- B. I HAVE READ AND UNDERSTOOD THE CURRENT VERSION OF THE BIOLOGICAL FARMERS OF AUSTRALIA CO-OP LTD STANDARD HEREIN REFERRED TO AS "THE AUSTRALIAN ORGANIC STANDARD", WHICH IS ADMINISTERED BY ACO: (please tick)
- No
 Yes
- C. I ACKNOWLEDGE THIS DECLARATION IS MADE WITH A CLEAR UNDERSTANDING OF THE REQUIREMENTS SET OUT IN THE CURRENT ACO AND ACO'S CERTIFICATION PROGRAM "ORGANIC STANDARD": (please tick)
- No
 Yes

| CLIENT | | WITNESS (JP) | |
|----------------|-------------|----------------|-------------|
| Initials _____ | Date: _____ | Initials _____ | Date: _____ |

- D. 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
- E. 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
- F. 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
- G. 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
- H. I ACKNOWLEDGE THAT IN ORDER TO ACHIEVE AND MAINTAIN CERTIFICATION I MUST HAVE A CURRENT AND ACO APPROVED ORGANIC HANDLING PLAN AT ALL TIMES, TO BE MADE AVAILABLE TO THE ACO OFFICE AND OR AUDITORS ON REQUEST:** (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**
- C. ORGAN C HANDLING PLAN MUST BE SUBMITTED WITH THIS STAT DEC.**

| CLIENT | | WITNESS (JP) | |
|--------------------|-------------|--------------------|-------------|
| Initial s _____ | Date: _____ | Initial s _____ | Date: _____ |