

STATUTORY DECLARATION REGISTERED PRODUCTS



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 registration. 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 registration is required for more than one PRODUCT, on separate facilities, 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 registration. 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 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 .	
Facilities layout/floor plan	
Flow chart of production process	
Ingredients lists for all ingredients and aids to be used	
List of all relevant record sheets to be maintained	
Proposed labelling for registered products	
Management Plan specifications for handling and processing of registered products.	
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 REGISTERED PRODUCTS



1. LICENSEE(S) DETAILS

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

Surname _____	Given Names _____
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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) _____
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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 _____
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SHAREHOLDER / PARTNER 2:

Surname _____	Given Names _____
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SHAREHOLDER / PARTNER 3:

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

SHAREHOLDER / PARTNER 4:

Surname _____	Given Names _____
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CLIENT

WITNESS (JP)

Initials _____	Date: _____	Initials _____	Date: _____
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5. CONTACT DETAILS

MY CONTACT DETAILS ARE:

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

6. FACILITY ADDRESS DETAILS

POSTAL ADDRESS:

PHYSICAL ADDRESS:

Address	_____	Address	_____
Suburb	_____	Suburb	_____
Postcode	_____	Postcode	_____

7. BUSINESS ACTIVITIES

THAT CORE BUSINESS ACTIVITIES ARE:

8. REGISTRATION TYPE

THAT REGISTRATION IS SOUGHT AS AN: (please tick)

- Allowed Input (Agricultural Input) Approved Product (Food/Drink, Health Care Products ONLY)

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

9. REGISTRATION / CERTIFICATION

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

- NO
 YES (please provide details below)

THAT PRODUCT OR PART THEREOF HAS BEEN REFUSED REGISTRATION OR CERTIFICATION WITH ANY ORGANIC ORGANISATION ANYWHERE:

- NO
 YES (please provide details below)

CLIENT

WITNESS (JP)

Initials _____ Date: _____

Initials _____ Date: _____

10. PURPOSE OF PRODUCT/S

THAT THE INTENDED PURPOSE OF THE PRODUCTS EXPECTED TO BE USED IS:

THAT THIS PRODUCT IS TO BE USED AS A FOLIAR FEED:

- NO
 YES

11. PROCESS DESCRIPTION

THAT THE DESCRIPTION OF PROCESSES INVOLVED IN PROCESSING REGISTERED PRODUCT IS:

12. OTHER REGISTERED PRODUCTS

THAT THERE ARE PRODUCTS, OTHER THAN BFA REGISTERED PRODUCT HANDLED AND PROCESSED: (please tick)

- NO
 YES (please provide details below)

13. PRODUCT DETAILS

THAT THE PRODUCT IS SOLD IN THE FORM OF:

- PELLETED GRANULATED FINES LIQUID

OTHER (please specify):

THAT IF PELLETTED OR GRANULATED, PLEASE NAME BINDING AGENT:

THAT THE ACTION/REACTION OF THE STATED PRODUCT SEEKING REGISTRATION IS:

- MINERAL BIOLOGICAL CHEMICAL
 STIMULANT
 WATER SOLUBLE OTHER (please provide details below)

CLIENT

WITNESS (JP)

Initial _____ Date: _____
s

Initial _____ Date: _____
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THAT A COMPREHENSIVE LIST OF ALL (NON REGISTERED) INPUTS, INGREDIENTS, PROCESSING AIDS, ETC EITHER BEING IN THE END PRODUCT OR BEING USED IN THE PRODUCTION PROCESS ARE:

THAT AN ANALYSIS OF PRODUCT SHOWING PH, MAJOR AND MINOR NUTRIENTS/ ELEMENTS STATUS IS:

THAT SYNTHETIC OR NATURAL CHELATING AGENTS ARE USED:

- NO
 YES (please provide details below)

THAT LISTED ARE SOLVENTS, ACID, AND CHEMICALS OF ANY KIND USED IN MANUFACTURE:

THAT THE METHOD USED FOR THE EXTRACTION OF NUTRIENTS (IF APPLICABLE) IS:

THAT LISTED ARE PRESERVATIVES, ANTIOXIDANTS, STABILISERS USED:

THAT LISTED ARE OTHER CHEMICAL ADDITIVES, SURFACTANTS, ETC USED:

THAT ALL OTHER ADDITIVES, AGENTS, CATALYSTS AND INGREDIENTS NOT YET LISTED ARE:

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

14. RAW MATERIALS

THAT THE SOURCE OF ALL RAW MATERIAL/S IS:

--

15. SEPARATION / SEGREGATION

THAT REGISTERED PRODUCTS AND OTHER NON-CERTIFIED PRODUCTS ARE/WILL BE KEPT SEPARATE/SEGREGATED BY THE FOLLOWING MEANS: (INCLUDING GENETICALLY ENGINEERED PRODUCTS) :

--

16. RESPONSIBILITY

THAT (TITLE AND NAME) TAKES RESPONSIBILITY FOR KEEPING REGISTERED AND NON CERTIFIED PRODUCE/PRODUCTS SEPARATE.

--

AND THAT IN THEIR PLACE (TITLE AND NAME) IS SECOND IN CHARGE.

--

17. EQUIPMENT

THAT THE SAME EQUIPMENT IS USED FOR CONTACT WITH AND/OR HANDLING AND PROCESSING OF REGISTERED PRODUCTS AND OTHER NON REGISTERED PRODUCTS: (please tick)

- NO
 YES

18. METHODS USED

THAT ALL RELEVANT EQUIPMENT HAS UNDERGONE A CLEANDOWN OF NON REGISTERED PRODUCT BEFORE REGISTERED PRODUCTS ARE PROCESSED: (SPECIFY METHOD):

--

19. RESPONSIBILITY

THAT (TITLE AND RESPONSIBILITY) TAKES/HAS RESPONSIBILITY FOR THE CLEANING OF EQUIPMENT, PREPARATION AREAS, ETC.

--

CLIENT

WITNESS (JP)

Initial _____ Date: _____
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Initial _____ Date: _____
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20. CLEANING

THAT THE DETAILS AND DESCRIPTION OF NORMAL PLANT CLEANING PROCEDURES AND PRODUCTS USED ARE, OR ATTACH A COPY OF CLEANING PROCEDURES: (LIST ALL CHEMICALS, AND PLEASE ENSURE MSDSS ARE KEPT ON-SITE)

--

21. WATER

THAT WATER IS ADDED TO THE PRODUCT: (please tick)

- No
 Yes (please provide details below)

SOURCE:

--

THAT THE DETAILS OF WATER, IF USED, FOR CLEANING PURPOSES ARE:

SUPPLY:

--

THAT WATER IS FILTERED BEFORE USE: (please tick)

- NO
 YES

THAT TYPE OF FILTRATION/PURIFICATION PROCESS USED IS:

--

IT IS TREATED: (please tick)

- No
 Yes (please provide details below)

Detail of treatment:

--

THAT WATER IS RE-CIRCULATED WITHIN THE PLANT: (please tick)

- NO
 YES

COMMENTS ON WATER QUALITY:

--

THAT WATER TESTS IS/ARE COMPLETED (COPY ATTACHED): (please tick)

- NO
 YES

22. ANIMAL MANURES

THAT ANIMAL MANURES ARE USED:

- NO
 YES (please provide details below)

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

THAT MANURES ARE COMPOSTED:

- NO
- YES (please provide details below composing process and principle)

23. POTENTIAL RISK

THAT POTENTIAL AREAS OF RISK ARE: (INCLUDING GMO'S, PESTICIDES, ETC)

THAT MANAGEMENT STRATEGIES IN PLACE TO ELIMINATE THESE RISKS ARE:

THAT (CHEMICAL) RESIDUE TESTS FOR AGRI-CHEMICALS AND/OR HEAVY METALS AND ANY OTHER RELEVANT TESTS HAVE BEEN CARRIED OUT:

- NO
- YES (please provide results)

INGREDIENTS SECTION: COPIES OF ALL CURRENT CERTIFICATION CERTIFICATES FOR ALL SUPPLIERS ARE TO BE KEPT ON FILE. NOTE: INDIVIDUAL BFA INGREDIENT LIST TO BE COMPLETED FOR EACH PRODUCT TO BE CERTIFIED.

24. IMPORTED PRODUCT

THAT THE PRODUCT OR ANY PART THEREOF IS IMPORTED INTO AUSTRALIA:

- NO
- YES (please provide country, region and supplier details below)

THAT IF IMPORTED, HAS THIS PRODUCT RECEIVED REGISTRATION FROM AN ORGANIC CERTIFICATION / REGISTRATION ORGANISATION IN ANOTHER COUNTRY:

- NO
- YES (please provide details below)

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

25. GENETIC ENGINEERING TECHNOLOGY

THAT GMOS DO NOT CONSTITUTE ANY PART OF THE REGISTERED PRODUCT AND ARE NOT USED IN THE PRODUCTION PROCESS: (please tick)

- NO
 YES

26. IRRADIATION TECHNOLOGY

THAT IRRADIATION OF INGREDIENTS OR PRODUCTS IS USED DURING MANUFACTURING: (please tick)

- NO
 YES (please provide details below)

27. NON GMO / NON IRRADIATION

THAT THE FOLLOWING EXPLAINS HOW NON GMO STATUS OF INGREDIENTS AND END PRODUCTS IS ENSURED AND MAINTAINED FOR ALL REGISTERED PRODUCTS (INCLUDE DECLARATIONS FROM SUPPLIERS, ETC WHERE RELEVANT):

28. SUB-STANDARD / REJECTED / WASTE

THAT THE FOLLOWING IS REMOVED FROM THE ORIGINAL PRODUCT, OTHER THAN SUB-STANDARD / REJECTED / WASTE PRODUCT:

PRODUCT	REMOVED	% REMOVED

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

29. PACKAGING

30. TYPES OF PACKAGING

THAT THE TYPES OF PACKAGING USED ARE:

--

THE PRODUCT IS PACKAGED FOR RETAIL SALE: (please tick)

NO

YES

THE PRODUCT IS SOLD FOR BULK SALE: (please tick)

NO

YES

THE PRODUCT IS SOLD FOR RE-PACKAGING: (please tick)

NO

YES

31. TECHNIQUES

THAT TECHNIQUES USED FOR PACKAGING USED ARE:

--

32. HEALTH AND SAFETY

33. ENVIRONMENT & SOCIAL WELFARE

THAT THE ENVIRONMENTAL IMPACT INVOLVED AS A RESULT OF THE EXTRACTION PROCESSING OR MANUFACTURING OF THESE PRODUCT ARE:

--

THAT SOCIAL WELFARE ISSUES RELATING TO THE EXTRACTING ETC OF THIS PRODUCT ARE:

--

CLIENT

WITNESS (JP)

Initial
s

Date:

Initial
s

Date:

34. STORAGE AND DISTRIBUTION

35. CONTAMINATION PREVENTION

THAT WHILE GOODS ARE BEING TRANSPORTED, CONTAMINATION OR MIXING OF PRODUCTS IS PREVENTED BY:

36. TRANSPORTATION

THAT TRANSPORTATION FOR INCOMING AND OUTGOING GOODS ARE (TYPE AND NAME/S):

37. PESTS

38. PEST MANAGEMENT

THAT PESTS (INSECTS, RODENTS, ETC) ARE MANAGED BY:

39. PEST CONTROL TREATMENTS

THAT PREMISES ARE SUBJECTED TO PEST CONTROL TREATMENTS: (please tick)

NO

YES (please provide details below)

(Please specify)

NOTE: PROVIDE A FULL LIST OF ALL CHEMICALS USED. (MSDS SHEETS ARE TO BE KEPT ON FILE):

40. WEEDS – FOR LAND BASED PRODUCTION PREMISES ONLY

THAT WEEDS ARE CONTROLLED AROUND THE PREMISES BY:

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

41. ADDITIONAL PRACTICES

THAT ANY OTHER CHEMICALS, TREATMENTS OR OTHER ADDITIONS OR PRACTICES ARE USED WHICH HAVE NOT YET BEEN SPECIFIED: (please tick)

NO

YES (please provide details below)

(Please specify)

42. RECORDS

THAT MAINTAINING AUDITABLE RECORDS OF ALL KEY ELEMENTS OF THE PRODUCTION PROCESS, AND OF INCOMING AND OUTGOING REGISTERED GOODS IS ESSENTIAL FOR MAINTENANCE OF REGISTRATION.

43. FURTHER COMMENTS

THAT FURTHER COMMENTS ARE:

44. NOTIFICATION

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

45. DECLARATION

A. I UNDERSTAND THAT REGULAR SAMPLES OF MY/OUR PRODUCT 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-SITE PRACTICES: (please tick)

NO

YES

B. I HAVE READ AND UNDERSTOOD THE CURRENT BIOLOGICAL FARMERS OF AUSTRALIA CO-OP LTD ORGANIC STANDARD: (please tick)

NO

YES

C. I ACKNOWLEDGE THIS DECLARATION IS MADE WITH A CLEAR UNDERSTANDING OF THE REQUIREMENTS SET OUT IN THE CURRENT BFA ORGANIC STANDARD: (please tick)

NO

YES

D. I ACKNOWLEDGE THAT KEEPING COMPREHENSIVE RECORDS OF PRODUCTION ACTIVITIES AND SALES, AS SPECIFIED IN THE BFA STANDARD, IS A KEY ASPECT OF ATTAINING AND MAINTAINING REGISTRATION: (please tick)

NO

YES

CLIENT

WITNESS (JP)

Initial
s

Date:

Initial
s

Date:

- E. I ACKNOWLEDGE THAT ANY DEPARTURE FROM THE PRINCIPLES OF THE BFA, AS OUTLINED IN THE ORGANIC STANDARD, MUST BE NOTIFIED IN WRITING TO THE BFA 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 HAVE RECEIVED, READ AND UNDERSTOOD THE REQUIREMENTS OF THE REGISTRATION PROGRAMME OPERATED BY THE BIOLOGICAL FARMERS OF AUSTRALIA: (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

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