



USDA NOP APPLICATION

CLIENT DETAILS

TRADING NAME:
 PROPERTY SIZE: (ACRES/HECTARES)

CERTIFICATION NO:
 YEAR OF PURCHASE:

POSTAL ADDRESS

ADDRESS 1:
 ADDRESS 2:
 SUBURB OR TOWN:
 STATE & PC:
 COUNTRY:

BUSINESS ADDRESS

ADDRESS 1:
 ADDRESS 2:
 SUBURB OR TOWN:
 STATE & PC:
 COUNTRY:

APPLICANT 1

FIRST NAME:
 SURNAME:
 TELEPHONE:
 FAX:
 MOBILE:
 EMAIL:

APPLICANT 2

If applicable

FIRST NAME:
 SURNAME:
 TELEPHONE:
 FAX:
 MOBILE:
 EMAIL:

LIST ALL PRODUCTS YOU WISH TO BE CERTIFIED FOR USDA NOP

PRODUCT 1:
 PRODUCT 2:
 PRODUCT 3:
 PRODUCT 4:

PRODUCT 5:
 PRODUCT 6:
 PRODUCT 7:
 PRODUCT 8:

DECLARATION

IMPORTANT INFORMATION

- 1 I have included an **Organic Management Plan** with this application for export access: YES (MANDATORY)
- 2 I understand that if **withdrawal of application** is made at any stage of certification, the applicant will be liable for all costs and services provided up until the time of withdrawal of the application, if the applicant voluntarily withdraws their application prior to issuance of notice of non-compliance or denial they will not be issued notices. YES (MANDATORY)
- 3 I understand that additional **audits** may be announced or unannounced at the discretion of the certifying agent by USDA under the NOP. YES (MANDATORY)
- 4 I understand that additional **testing** may be required at the discretion of the certifying agent by USDA under the National Organic Program. YES (MANDATORY)
- 5 I understand that I am not required to be charged for **testing** prior to certification being granted, in accord with USDA NOP stipulations. YES (MANDATORY)

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PREVIOUS APPLICATIONS			
6	Have you ever applied for certification with another certifying body?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
7	If yes, what was the year the application was made?	<input type="text"/>	DATE
8	Have you ever received a non conformance with that organisation?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
9	Has this non compliance been corrected – please give details below.	<input type="checkbox"/>	YES <input type="checkbox"/> NO
PLEASE SPECIFY: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>			

AUTHORISATION	
10	
_____	_____
PRINT FULL NAME CLEARLY	SIGNATURE

	DATE

PLEASE TICK YOUR PAYMENT METHOD
 Please reference ALL payments with your trading name & send remittance advice to: Fax: 07 3350 5996 or Email: accounts@aco.net.au

<input type="checkbox"/> DIRECT CREDIT VIA EFT To make payment via EFT <i>you must</i> : 1. Contact the ACO office on ph. 07 3350 5706 or email accounts@aco.net.au to: <ul style="list-style-type: none"> • receive an invoice number for referencing the transaction • receive bank account details for making payment Fax or email a remittance advice upon making the payment. Fax: 07 3350 5996 or Email: accounts@aco.net.au .		
<input type="checkbox"/> CHEQUE OR MONEY ORDER PAYMENT <table style="width: 100%;"> <tr> <td style="width: 50%;"> FOR ACO & OGA: Make payable to: Australian Certified Organic </td> <td style="width: 50%;"> FOR BFA: Make payable to: Biological Farmers of Australia </td> </tr> </table>	FOR ACO & OGA: Make payable to: Australian Certified Organic	FOR BFA: Make payable to: Biological Farmers of Australia
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<input type="checkbox"/> CREDIT CARD CARD TYPE (PLEASE TICK) <input type="checkbox"/> BANKCARD <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA [We are unable to accept AMEX]				
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">NAME ON CARD</td> <td style="width: 50%;">SIGNATURE</td> </tr> <tr> <td>AMOUNT (AUS\$)</td> <td>CARD EXPIRY DATE mm/yy</td> </tr> </table>	NAME ON CARD	SIGNATURE	AMOUNT (AUS\$)	CARD EXPIRY DATE mm/yy
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