



STATUTORY DECLARATION

ORGANIC WHOLESALERS / RETAILERS / EXPORTER

NOTE: PLEASE RETURN THIS COMPLETED DOCUMENT TO THE 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:

- A BFA 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	
Facilities layout/floor plan	
Flow chart of product(s)	
List of all relevant record sheets to be maintained	
Proposed labelling for organic products	
Organic Management Plan specifications.	
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 WHOLESALERS / RETAILERS / EXPORTER



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 _____
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SHAREHOLDER / PARTNER 4:

Surname _____	Given Names _____
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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. 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)

WHOLESALER

RETAILER

EXPORTER

AND THAT THE NAMES OF RELEVANT OTHER PARTIES OR BUSINESSES ASSOCIATED WITH PACKAGING/REPACKING/RETAILING OF CERTIFIED PRODUCTS ARE/WILL BE:

9. CURRENT CERTIFICATION

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

No

Yes (please provide details below)

10. OPERATION DESCRIPTION

THAT THE DESCRIPTION OF PROCESSES INVOLVED IN PACKAGING/REPACKING/RETAILING ORGANIC CERTIFIED PRODUCT IS?

CLIENT

WITNESS (JP)

Initials	_____	Date:	_____	Initials	_____	Date:	_____
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11. OTHER CERTIFIED PRODUCTS

THAT THERE ARE PRODUCTS, OTHER THAN CERTIFIED PRODUCT PACKAGED/REPACKED/RETAILED ON THE PREMISES: (please tick)

- No
 Yes (please provide details below)

12. RESPONSIBILITY

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

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

13. INVOICING

THAT INVOICING OF CERTIFIED PRODUCTS IS CLEARLY DISTINGUISHED FROM NON CERTIFIED PRODUCTS IN THE FOLLOWING FASHION:

14. PACKAGING

THAT IF ANY EQUIPMENT IS USED TO PACKAGE CERTIFIED AND/OR UNCERTIFIED PRODUCT, PLEASES EXPLAIN CLEANING PROCEDURE PRIOR TO USE:

15. QA PROGRAMS

THAT THE OPERATION IS CERTIFIED TO HACCP:

- No
 Yes (if yes please name certifier and last audit date):

CLIENT

WITNESS (JP)

Initials _____ Date: _____ Initials _____ Date: _____

THAT HACCP PLAN IS IN PROGRESS:

- No
 Yes

OTHER QA PROGRAMS IN PLACE ARE (DETAILS):

16. CLEANING

THAT A BRIEF OUTLINE OF THE CLEANING METHOD USED IN THE PREMISES IS:

17. STORAGE

THAT A COOLROOM IS USED FOR STORING CERTIFIED PRODUCE:

- NO
 YES

18. PEST MANAGEMENT

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

19. 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):

CLIENT

WITNESS (JP)

Initials _____ Date: _____

Initials _____ Date: _____

20. WEEDS

THAT WEEDS ARE CONTROLLED AROUND THE PREMISES BY:

THAT A COMPREHENSIVE LIST OF ALL OTHER SUBSTANCES USED AROUND THE PREMISES IS:

21. HEALTH STANDARDS

THAT THE BUSINESS PREMISES ARE TO CURRENT HEALTH STANDARDS:

- No
 Yes

22. SYNTHETIC CHEMICALS

THAT OTHER SYNTHETIC CHEMICALS HAVE BEEN USED FOR ANY OTHER PURPOSE ON THE PREMISES:

- No
 Yes (if yes, please specify):

CONTINUED NEXT PAGE

CLIENT

WITNESS (JP)

Initials _____ Date: _____

Initials _____ Date: _____

23. NOTIFICATION

THAT ANY DEPARTURE FROM THE REQUIREMENTS SPECIFIED BY THE CURRENT STANDARDS FOR ORGANIC PRODUCTION, PROCESSING AND MARKETING MUST BE NOTIFIED TO THE BFA IN WRITING AS THIS OCCURS.

24. 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 BIOLOGICAL FARMERS OF AUSTRALIA CO-OP LTD STANDARD "THE AUSTRALIAN 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 PRODUCTION STANDARD "THE AUSTRALIAN 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 CERTIFICATION: (please tick)
- No
 Yes
- E. I ACKNOWLEDGE THAT ANY DEPARTURE FROM THE PRINCIPLES OF THE ACO, AS OUTLINED IN THE BFA STANDARD, MUST BE NOTIFIED IN WRITING TO THE BFA 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 HAVE RECEIVED, READ AND UNDERSTOOD THE REQUIREMENTS OF THE CERTIFICATION 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