



The Organic Food Chain Pty Ltd.

ABN 32 075 532 857

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DofA Approved Certification Organisation

Application for Organic Apiculture Accreditation

Applicant(s) Name in full:			
Trading As:			
Farm Name			
ABN:			
Postal Address:			
Location of farm or facility/s:			
Phone:		Fax	
Mobile:		Website:	
Email address:			

Organic Production

Total Area of Production Business	
Total Area of Intended Organic Production	
Outline your intended organic production	

Contact Person Name			
Email Address			
Phone:		Mobile:	

Exporting – If yes list possible destinations below

Briefly describe any neighbouring activities which may impact adversely on your ability to maintain the organic integrity of the products you intend to produce.

List below other farming activities undertaken on the property an example may be a citrus orchard which is not covered under the organic program but the management of which may impact on the organic integrity of the rest of the property

PRODUCTS TO BE CERTIFIED

Please list all products to be produced under the certification. A list of specific types not categories must be listed eg Wax not Bee Products. Please note that only products listed will appear on Certification for Accreditation. It is essential that all products to be accredited appear on the application.

HIVES TO BE CERTIFIED

Stock Type	Species of Queen	Hives	End Of Product
EG. Honey Bees	Italian	36	Honey, Wax

Previous and/or other organic certification

If your operation is currently certified by another organisation please advise the following

Which Certifying Body	
Certification Number/s	
Expiry Dates	

I authorise the to release any documents or information relating to the certification of my operation to the organic certifier listed above

If you have been but are no longer certified with another organisation please include the following

Which Certifying Body	
Old Certification Number/s	
When certification expired	
Why are you no longer certified	
Any outstanding corrective actions or issues	
Other certifications	

DECLARATION OF INPUTS

I have used the following Inputs during the last three years (include all pest, weed, animal and insect – control in and around and under buildings, along boundary lines, hedge rows etc, all veterinary chemicals, antibiotics, growth promotants, fertilizers, seed treatments etc.)

Input/Additive	Date Used	Used For

Add an extra sheet if necessary or any additional records

Declaration

I _____ declare that the above is an accurate three year record of usage of Inputs at the property/s requesting certification.

I hereby make an application to become a client of The Organic Food Chain Pty Ltd for the purpose of becoming accredited as an Organic Apiarist. I have read and understand the OFC Certification Policies For Clients (OFC-104) I agree to abide by the requirements of the National Standard for Organic & Bio-dynamc Produce.

I provide the above information on the understanding that it is confidential and will only be used by OFC for the purposes of this application. I understand that if the information I have supplied is incorrect, incomplete or untrue my application will be null and void.

I understand that it is a requirement of certification that my certification details are made publically available on the OFC website.

Signed..... Date.....