

## Application for Organic Certification

Check all that apply	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Retailer	<input type="checkbox"/> Importer	<input type="checkbox"/> Exporter
Applicant(s) Name in full				
Trading As				
Brand Names				
ABN				
Postal Address				
Location/s of facility				
Phone		Fax		
Mobile		Website		
Email address				

## Organic Production

Total % of Organic Production			
Approximate product turnover			
Outline your intended organic production			
Operational Days of Week			
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.


## 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 release of any documents or information relating to the certification of my operation from 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	

