



Service Provider Renewal Application

Please complete all sections of this form as this will help your auditor and simplify the audit process. If any questions are non-applicable then put NA.

Once completed keep a copy for yourself and either:
post to BioGro New Zealand, PO Box 9693, Marion Square, Wellington, 6141
or Email: info@biogro.co.nz or Fax to 04 801 9742

Licensee/ Trading Name: BioGro No: Operation ID CO

Main Contact:

Manager:

Physical Address:

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Postal Address:

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.....

Phone (day): Phone (Mobile):

Fax: Email:

1. Give a brief description of the operation and services provided

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2. Certification Programme.

Please tick programme(s) applying for:

BioGro Organic Programme

IFOAM is now optional for the BioGro Organic Programme (*Note: IFOAM is not available for Domestic programme*)

Yes I would like to be on the IFOAM accredited programme.

No I do not need to be on the IFOAM accredited programme

If on the BioGro Organic Programme and exporting, please indicate additional export market certifications required
(*Note: additional fees apply for Canada (COR) and Japan (JAS) programmes*)

Europe (MAF OOAP; Technical rules: EU)

Taiwan (MAF OOAP; Technical rules: Taiwan)

USA (MAF OOAP; NOP)

Switzerland (MAF OOAP; Technical rules: Switzerland)

Canada (BioGro COR certification)

Japan: (BioGro JAS certification)

3. Markets

Please indicate markets products are exported to:

NZ Australia EU/UK USA Canada Japan Taiwan Korea China

Other (please specify).....

4. Non-compliant produce

Do you have a procedure for situations where you become aware that your produce may no longer compliant with the BioGro Standards or export market requirements (eg spray drift, use of a prohibited input, positive residue test)?

YES NO

Provide details.....

5. Addition to scope

Do you want to add additional services to your certification?

YES NO

If yes, please provide details below. *Please note: the auditor will not be able to include any change to your scope at the audit unless it has been assessed by the BioGro office before your audit.*

Provide details.....

6. Have you previously held or do you currently hold organic certification with another certification body?

YES NO

If you answered YES to this question, please provide details of the certifier, certification scope and status

7. Has your organization ever been declined or refused certification by another certification body?

YES NO

If you answered YES to this question, please provide information regarding actions taken to correct the deficiencies leading to the refusal.

Declaration by Licensee

I declare that the information contained in this application is a true record of my past management practices for the period specified and a true description of my intended management over the next 12 months. I understand that confidential information held by BioGro NZ Ltd may be disclosed to BioGro’s accreditation bodies, or if it is required to do so by law. If disclosure is a legal requirement, you will be informed of such disclosure.

Signed: _____ **Date:** _____

Name: _____ **Position:** _____

Please have the following information available at the audit. Your auditor will record any relevant information as appropriate. It is likely that documentation need only be sighted by your auditor. Your auditor will advise if copies of documentation will be required for our records.

1. List of all work completed over the previous 12 months
2. List machinery or equipment used for work on certified organic properties
3. Current copies of operators GrowSafe Certificates
4. Copies of training registers for staff and compliance with OSH