

APPLICATION FORM:

SUSTAINABLE SEAFOOD CHAIN OF CUSTODY

01 | APPLICANT INFORMATION

ORGANISATION DETAILS

COMPANY NAME:

ADDRESS:

POSTCODE:

STATE:

COUNTRY:

PHONE:

ABN/TRADE REG. NO:

ENTITY: (i.e. Ltd, Inc)

WEBSITE:

HAS THE COMPANY WORKED WITH BIO.INSPECTA PREVIOUSLY? No ☐ Yes ☐

If yes, which service did you use?

MAIN CONTACT

NAME:

POSITION:

PHONE:

MOBILE:

EMAIL:

SALES CONTACT

NAME:

POSITION:

PHONE:

MOBILE:

EMAIL:

COMPANY DESCRIPTION

PRODUCTS:

ACTIVITIES:

NO. OF EMPLOYEES:

ANNUAL TURNOVER:

PRODUCT VOLUMES PER YEAR:

OTHER DETAILS:

SELECT THE RELEVANT CHAIN OF CUSTODY SERVICE:

- | | |
|---|--|
| <input type="checkbox"/> NEW CHAIN OF CUSTODY CERTIFICATE | <input type="checkbox"/> ASC CoC Certificate |
| | <input type="checkbox"/> MSC CoC Certificate |
| <input type="checkbox"/> TRANSFER OF EXISTING CHAIN OF CUSTODY CERTIFICATE | <input type="checkbox"/> ASC CoC Certificate |
| | <input type="checkbox"/> MSC CoC Certificate |

CURRENT CONFORMITY ASSESSMENT BODY:**COC CERTIFICATE CODE(S):****HAS YOUR CERTIFICATE EVER BEEN SUSPENDED?** ☐ No ☐ Yes**DO YOU HAVE ANY OUTSTANDING MAJOR NON-CONFORMITIES?** ☐ No ☐ Yes**CHAIN OF CUSTODY PROCESSES**

ATTACH A FLOW CHART OR BRIEF WRITTEN EXPLANATION OF THE RECEIVING, STORING, PRODUCTION AND SALES/SHIPPING PROCESSES AT EACH FACILITY TO BE CONSIDERED FOR THIS COC CERTIFICATION.

04a | SITE(S): DEFAULT CoC CLIENTS ONLY

Provide information for each location to be considered under this CoC certification, be specific and list all facilities (cold storage, processing, etc.).

Use additional pages if necessary and attach them as a separate list.

SITE NAME AND ADDRESS	ACTIVITY
please include postal address if different	(trading, processing, repacking, storage, admin, etc)

Please list and indicate site(s), if any, that are certified to another traceability standard:

SITE NAME	STANDARD
	(e.g., BRC, IFS, SQF, ISO9001, etc)

Provide information for each location to be considered under this CoC certification, be specific and list all facilities (cold storage, processing, etc.). Indicate if site(s) are certified to another traceability standard (e.g., BRC, IFS, SQF, ISO9001 etc.) and the site activity (processing, repacking, storage, admin, etc).
Use additional pages if necessary and attach them as a separate list.

SITE NAME:	
SITE ADDRESS:	
ACTIVITY:	
STANDARD:	PHONE:
CoC CONTACT:	EMAIL:

SITE NAME:	
SITE ADDRESS:	
ACTIVITY:	
STANDARD:	PHONE:
CoC CONTACT:	EMAIL:

SITE NAME:	
SITE ADDRESS:	
ACTIVITY:	
STANDARD:	PHONE:
CoC CONTACT:	EMAIL:

SITE NAME:	
SITE ADDRESS:	
ACTIVITY:	
STANDARD:	PHONE:
CoC CONTACT:	EMAIL:

SITE NAME:	
SITE ADDRESS:	
ACTIVITY:	
STANDARD:	PHONE:
CoC CONTACT:	EMAIL:

Provide information for each location to be considered under this CoC certification, be specific and list all facilities (cold storage, processing, etc.). Indicate if site(s) are certified to another traceability standard (e.g., BRC, IFS, SQF, ISO9001 etc.), the site activity (processing, repacking, storage, admin, etc) and site type (consumer-facing/operations/both).

Use additional pages if necessary and attach them as a separate list.

SITE NAME:	
SITE ADDRESS:	
ACTIVITY:	STANDARD:
SITE TYPE:	PHONE:
CoC CONTACT:	EMAIL:
SITE NAME:	
SITE ADDRESS:	
ACTIVITY:	STANDARD:
SITE TYPE:	PHONE:
CoC CONTACT:	EMAIL:
SITE NAME:	
SITE ADDRESS:	
ACTIVITY:	STANDARD:
SITE TYPE:	PHONE:
CoC CONTACT:	EMAIL:
SITE NAME:	
SITE ADDRESS:	
ACTIVITY:	STANDARD:
SITE TYPE:	PHONE:
CoC CONTACT:	EMAIL:
SITE NAME:	
SITE ADDRESS:	
ACTIVITY:	STANDARD:
SITE TYPE:	PHONE:
CoC CONTACT:	EMAIL:

DOES YOUR ORGANISATION INTEND TO PURCHASE FISH DIRECTLY FROM A CERTIFIED FISHERY/FARM?

- ☐ Yes
- ☐ No
- ☐ Not Sure

DOES YOUR ORGANISATION INTEND TO PURCHASE FISH FROM A NON-CERTIFIED FISHERY/FARM THAT IS CURRENTLY UNDERGOING ASSESSMENT WITH THE INTENT TO EVENTUALLY SELL WITH A CERTIFIED CLAIM?

- ☐ Yes
- ☐ No
- ☐ Not Sure

Provide details on the product you intend to sell as certified

[illegible]

If known, please list your suppliers of certified product and their CoC (or ASC/MSC) certification code:

SUPPLIER NAME	SPECIES (e.g. ASC Atlantic Salmon)	CERTIFICATION CODE(S)

If you use subcontractors to handle your ASC/MSC products, please list below.
(does not apply for transportation-only subcontractors)

SUBCONTRACTOR NAME:

ADDRESS:

CERTIFIED PRODUCT ACTIVITY:

SPECIES HANDLED	COC CODE(S), IF CERTIFIED

SUBCONTRACTOR NAME:

ADDRESS:

CERTIFIED PRODUCT ACTIVITY:

SPECIES HANDLED	COC CODE(S), IF CERTIFIED

SUBCONTRACTOR NAME:

ADDRESS:

CERTIFIED PRODUCT ACTIVITY:

SPECIES HANDLED	COC CODE(S), IF CERTIFIED

SUBCONTRACTOR NAME:

ADDRESS:

CERTIFIED PRODUCT ACTIVITY:

SPECIES HANDLED	COC CODE(S), IF CERTIFIED

08 | FORCED OR CHILD LABOUR DECLARATION

Has an entity belonging to or currently contracted by your organisation been successfully prosecuted for violations of laws on forced or child labour in the last 2 years? No ☐ Yes ☐

09 | DECLARATION

I, _____, state that the above information is true and correct to the best of my knowledge and that I am duly authorised to sign this application. I agree to supply any information as needed for the audit of the operation(s) and/or product(s) to be certified and comply to the relevant standards should our company pursue and achieve certification.

SIGNATURE: _____ **DATE:** _____

SUBMIT APPLICATION:

Please send the signed application form via email to seafood@bio-inspecta.com

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