

# APPLICATION FORM:

## AQUACULTURE STEWARDSHIP COUNCIL CERTIFICATION

### 01 | APPLICANT INFORMATION

#### APPLICANT DETAILS

Organisation						
Legal Entity Name (if different from above)						
Address						
					Phone	
Tax Status	Registered Business	Yes	No	ABN/Reg. No		
Website						
Contact	Name					
	Position					
	Email					
	Phone				Mobile	
Accounts Contact	Where should we send invoices?					
	Name					
	Email					
	Phone					

How did you hear about bio.inspecta Pty Ltd?							
bio.inspecta website		MSC Website		ASC Website		ASI Website	
Internet Search		Advice from MSC		Advice from ASC		Social Media	
Referral		Please indicate:					
Other		Please indicate:					

#### ORGANISATION DESCRIPTION

Description	No. Farm sites			No. Hatcheries &/or Nurseries		
	No. Employees			No. Processing facilities		
Travel Time	Estimated time to travel from airport to:		Farm Sites	Head Office	Processing Plant	

Please provide a short description of your company and the production unit(s) including activities, history, management system, facilities and equipment used:

  
  
  
  
  
  
  
  
  
  

For multi-sites and groups only: Please describe the organisational structure and relationships between the applicant, internal management system, group management body and sites or group members.

  
  
  
  
  
  
  
  
  
  

## 02 | SERVICE

### SERVICE REQUIRED

Please select the relevant Aquaculture Stewardship Council service required:

1. Certificate	a. New ASC Certificate		
	Audit Type		
	Pre-assessment: Remote		Pre-assessment: Onsite
	Full Assessment		Other

OR

b. Transfer of existing ASC Certificate			
ASC Certificate Code			
Current Conformity Assessment Body			
Has your certificate ever been suspended?	Yes	No	

2. Species	Abalone (ASC Abalone Std v1.1)		Bivalve (ASC Bivalve Std v1.1)	
	Flatfish (ASC Flatfish Std v1.1)		Freshwater Trout (ASC Freshwater Trout Std v1.2)	
	Pangasius (ASC Pangasius Std v1.2)		Salmon (ASC Salmon Std v1.4)	
	Seabass/Seabream/Meagre (ASC Seabass/Seabream/Meagre Std v1.2)		Seriola & Cobia (ASC Seriola & Cobia Std v1.1)	
	Shrimp (ASC Shrimp Std v1.2.1)		Tilapia (ASC Tilapia Std v1.2)	
	Tropical Marine Finfish (ASC Tropical Marine Finfish Std v1.2.1)		Seaweed (ASC-MSC Seaweed Std v1.01)	

3. Certification Type	Single Site certification		Multi-Site certification		Group certification	
-----------------------	---------------------------	--	--------------------------	--	---------------------	--

4. Chain of Custody	Do you require MSC-ASC Chain of Custody certification?	Yes	No
	Are subcontractors used to handle, transport, store, or process certified products?	Yes	No
	Are certified and non-certified products mixed or substituted?	Yes	No

Please indicate your preferred audit dates including the month and year. Please note that facilities should be in normal production during the audit and that the harvest may require witnessing.

1.	Preferred Audit Date		2.	Preferred Audit Date
----	----------------------	--	----	----------------------

CERTIFICATION			
1.	Has your company or any of the farm sites been certified according to another aquaculture certification scheme?		
	No	Best Aquaculture Practice	Global G.A.P
	Other, specify		
2.	Are you certified according to a management system standard (e.g., ISO, BRC GMP, IFS)?		Yes No
	Specify		
3.	Has your company or any of the farm sites previously undergone an ASC farm assessment?		Yes No
	Specify Year		Specify Farm Site/s
4.	Does your company currently hold a valid ASC farm certification issued by another certification body?		Yes No
	Specify CAB		
	Specify ASC Standard		
	Specify Date Valid	From / /	From / /
5.	Have you had an ASC farm certification refused or withdrawn within the last 12 months?		Yes No
	Specify Site		

UNIT OF CERTIFICATION				
<p>The Unit of Certification is an operation that is covered by a potential certificate. The UoC includes all production sites including the receiving water bodies, any harvest sites, and all storage or processing operations (including subcontracted operations) up to the point where the product enters further chain of custody. Additional details will help us to prepare the audit of your operation most effectively.</p> <p>Please complete one table below <u>for each site</u>.</p>				
1.	Site Name		Identifier No. (if known)	
	Site Location		GPS Coordinates	
	Satellite images with site(s) polygons attached?		Yes	No
	Site Size (ha)		No. of Workers	
	Species		Species Latin Name (if known)	
	Production	Cages/Pens	Ponds	Raceways Recirculating Other
	Habitat	Marine	Freshwater	Other
	Activities carried out at this site:	Stocking	Nursing	Husbandry Harvest Transport Processing Packing
	Will all production at this site be included in the assessment and certification?		Yes	No
	If no, please specify which production units or batches will be excluded (if known)			
	Period of a Production Cycle (months)		Annual Production Quantity (in MT)	
	Stocking Date		No. of Individuals Stocked	
	Estimated Date at 75% Biomass		Date of last Benthic Assessment	
	Estimated Harvest Start date		Estimated Harvest End date	
	Has this site been in operation for ≥6 months or at least one harvest cycle?		Yes	No

**UNIT OF CERTIFICATION continued**

2.	Site Name		Identifier No. (if known)	
	Site Location		GPS Coordinates	
	Satellite images with site(s) polygons attached?			Yes No
	Site Size (ha)		No. of Workers	
	Species		Species Latin Name (if known)	
	Production	Cages/Pens Ponds Raceways Recirculating Other		
	Habitat	Marine Freshwater Other		
	Activities carried out at this site:	Stocking Nursing Husbandry Harvest Transport Processing Packing		
	Will all production at this site be included in the assessment and certification?			Yes No
	If no, please specify which production units or batches will be excluded (if known)			
	Period of a Production Cycle (months)		Annual Production Quantity (in MT)	
	Stocking Date		No. of Individuals Stocked	
	Estimated Date at 75% Biomass		Date of last Benthic Assessment	
	Estimated Harvest Start date		Estimated Harvest End date	
	Has this site been in operation for ≥6 months or at least one harvest cycle?			Yes No

**UNIT OF CERTIFICATION continued**

3.	Site Name		Identifier No. (if known)	
	Site Location		GPS Coordinates	
	Satellite images with site(s) polygons attached?			Yes No
	Site Size (ha)		No. of Workers	
	Species		Species Latin Name (if known)	
	Production	Cages/Pens Ponds Raceways Recirculating Other		
	Habitat	Marine Freshwater Other		
	Activities carried out at this site:	Stocking Nursing Husbandry Harvest Transport Processing Packing		
	Will all production at this site be included in the assessment and certification?			Yes No
	If no, please specify which production units or batches will be excluded (if known)			
	Period of a Production Cycle (months)		Annual Production Quantity (in MT)	
	Stocking Date		No. of Individuals Stocked	
	Estimated Date at 75% Biomass		Date of last Benthic Assessment	
	Estimated Harvest Start date		Estimated Harvest End date	
	Has this site been in operation for ≥6 months or at least one harvest cycle?			Yes No

## SUBCONTRACTORS

Please list all subcontractors, providing company name and activity and including any additional relevant comments.

1.	Company Name		Activity	
	Comment			
2.	Company Name		Activity	
	Comment			
3.	Company Name		Activity	
	Comment			
4.	Company Name		Activity	
	Comment			

## 05 | DECLARATION

I declare 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 with the relevant standards should our company pursue and achieve certification.

I also declare that there are no:

- open court cases, charges or admissions related to environmental or social compliance violations or any fraudulent allegations in connection with the company or farm sites within the last 36 months
- open cases or successful prosecution in the last 36 months related to:
  - i. Carrying out fraudulent activities confirmed by the statutory authority
  - ii. Use or involvement of child labour, slavery, human trafficking or forced labour

Signature of Applicant	
------------------------	--

Position Held	
---------------	--

Name	
------	--

Date	
------	--