

APPLICATION FORM:

AQUACULTURE STEWARDSHIP COUNCIL CERTIFICATION

01 | APPLICANT INFORMATION

ORGANISATION DETAILS

COMPANY NAME:

ADDRESS:

POSTCODE:

STATE:

COUNTRY:

PHONE:

ABN/TRADE REG. NO:

ENTITY: (i.e. Ltd, Inc)

WEBSITE:

NO. HATCHERIES &/OR NURSERIES:

NO. EMPLOYEES AT HEAD OFFICE:

Please indicate estimated travel time from international airport in your country to:

FARM SITES:

HEAD OFFICE:

PROCESSING PLANT:

CONTACT DETAILS

NAME:

POSITION:

PHONE:

MOBILE:

EMAIL:

COMPANY DESCRIPTION

SHORT DESCRIPTION OF YOUR COMPANY AND THE PRODUCTION UNIT(S) INCLUDING ACTIVITIES, HISTORY, MANAGEMENT SYSTEM, FACILITIES AND EQUIPMENT USED:

AQUACULTURE STEWARDSHIP COUNCIL ASSESSMENT

SELECT ASC FARM SERVICE

- | | |
|--|--|
| <input type="checkbox"/> Abalone | <input type="checkbox"/> Seriola & Cobia |
| <input type="checkbox"/> Bivalve | <input type="checkbox"/> Shrimp |
| <input type="checkbox"/> Flatfish | <input type="checkbox"/> Tilapia |
| <input type="checkbox"/> Freshwater Trout | <input type="checkbox"/> Tropical Marine Finfish |
| <input type="checkbox"/> Pangasius | <input type="checkbox"/> Grouper, Snapper,
Barramundi and Pompano |
| <input type="checkbox"/> Salmon | <input type="checkbox"/> ASC-MSC Seaweed |
| <input type="checkbox"/> Seabass, Seabream, Meagre | |

SELECT AUDIT TYPE

- | | |
|--|--|
| <input type="checkbox"/> Remote pre-assessment | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> On-site pre-assessment | <input type="checkbox"/> Re-assessment |
| <input type="checkbox"/> Initial full-assessment | |

INDICATE YOUR PREFERRED AUDIT DATES (MONTH/YEAR)

Please note that harvest requires witnessing during initial full assessments.

- 1.
- 2.

SELECT CERTIFICATION TYPE

- Single site certification
- Multi-site certification
- Group certification

CHAIN OF CUSTODY

DO YOU REQUIRE MSC/ASC CHAIN OF CUSTODY CERTIFICATION?

- Yes
- No
- Not sure

IF UNSURE, IS THERE A POSSIBILITY OF MIXING OR SUBSTITUTION OF CERTIFIED AND NON-CERTIFIED PRODUCTS, INCLUDING PRODUCTS OF THE SAME OR SIMILAR APPEARANCE OR SPECIES?

- Yes
- No

ARE SUBCONTRACTORS USED TO HANDLE, TRANSPORT, STORE, OR PROCESS CERTIFIED PRODUCTS?

- Yes
- No

CERTIFICATION

HAS YOUR COMPANY OR ANY OF THE FARM SITES BEEN CERTIFIED ACCORDING TO ANOTHER AQUACULTURE CERTIFICATION SCHEME?

- No
 Best Aquaculture Practice (BAP)
 Global G.A.P.
 Organic Aquaculture Certification
 Other

Please specify:

ARE YOU CERTIFIED TO A MANAGEMENT SYSTEM STANDARD (e.g. ISO, BRC GMP, IFS)?

- No
 Yes If yes, please indicate:

Standard:

HAS YOUR COMPANY OR ANY OF THE FARM SITES TO BE CERTIFIED BEEN IN AN ASC FARM ASSESSMENT PREVIOUSLY?

- No
 Yes If yes, please indicate:

Time of assessment:

Farm site(s):

DOES YOUR COMPANY CURRENTLY HOLD A VALID ASC FARM CERTIFICATION ISSUED BY ANOTHER CERTIFICATION BODY?

- No
 Yes If yes, please indicate:

CAB:

ASC Standard:

Date Valid From: to:

HAS YOUR ASC FARM CERTIFICATION EVER BEEN REFUSED OR WITHDRAWN?

- No
 Yes

If yes, please list site:

The Unit of Certification is an operation that is covered by a potential certificate. The UoC includes all production and processing sites including the receiving water bodies, any harvest sites such as production ponds, 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 inspection of your holding most effectively.

DETAILS: UNIT OF CERTIFICATION			
	FARM SITE 1	FARM SITE 2	FARM SITE 3
NAME OF FARM SITE(S) &/OR IDENTIFIER NUMBERS			
LOCATION FARM SITE(S) INCLUDING GPS DATA			
SIZE OF FARM SITE(S) (in ha)			
HABITAT	<input type="checkbox"/> Marine <input type="checkbox"/> Freshwater <input type="checkbox"/> Other	<input type="checkbox"/> Marine <input type="checkbox"/> Freshwater <input type="checkbox"/> Other	<input type="checkbox"/> Marine <input type="checkbox"/> Freshwater <input type="checkbox"/> Other
SPECIE(S) (common and Latin name)			
PRODUCTION SYSTEM	<input type="checkbox"/> Cages/Pens <input type="checkbox"/> Ponds <input type="checkbox"/> Raceways <input type="checkbox"/> Recirculating <input type="checkbox"/> Other	<input type="checkbox"/> Cages/Pens <input type="checkbox"/> Ponds <input type="checkbox"/> Raceways <input type="checkbox"/> Recirculating <input type="checkbox"/> Other	<input type="checkbox"/> Cages/Pens <input type="checkbox"/> Ponds <input type="checkbox"/> Raceways <input type="checkbox"/> Recirculating <input type="checkbox"/> Other
PERIOD FOR ONE PRODUCTION CYCLE (in months)			
HARVEST SEASON			
ANNUAL PRODUCTION QUANTITY (in MT)			
NUMBER OF WORKERS			

DETAILS: PRODUCTION CYCLE OF GROW-OUT SITES

Please list information about the production cycle of the grow-out sites to be audited under the ASC Salmon Standard:

SITE NAME:	
STOCKING DATE:	NO. OF SMOLTS STOCKED:
EST. DATE AT 75% BIOMASS:	EST. START OF HARVEST:
EST. END OF HARVEST:	LAST BENTHIC ASSESSMENT:
SITE NAME:	
STOCKING DATE:	NO. OF SMOLTS STOCKED:
EST. DATE AT 75% BIOMASS:	EST. START OF HARVEST:
EST. END OF HARVEST:	LAST BENTHIC ASSESSMENT:
SITE NAME:	
STOCKING DATE:	NO. OF SMOLTS STOCKED:
EST. DATE AT 75% BIOMASS:	EST. START OF HARVEST:
EST. END OF HARVEST:	LAST BENTHIC ASSESSMENT:
SITE NAME:	
STOCKING DATE:	NO. OF SMOLTS STOCKED:
EST. DATE AT 75% BIOMASS:	EST. START OF HARVEST:
EST. END OF HARVEST:	LAST BENTHIC ASSESSMENT:

DETAILS: SUBCONTRACTORS

COMPANY NAME	ACTIVITY	COMMENT

I, _____, affirm that the information provided herein is true and correct to the best of my knowledge, and that I am duly authorized to sign this application. Should our company decide to pursue certification, I agree to supply any information that is deemed necessary for the audit of the operation and/or products to be certified.

SIGNATURE: _____ **DATE:** _____

SUBMIT APPLICATION:

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

bio.inspecta Pty Ltd

Fitzroy North, Victoria
AUSTRALIA, 3068
+61 (0) 497 943 304



www.bio-inspecta.com.au