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| **NAME OF APPLICANT:** |  |
| **CERTIFICATION NUMBER:** |  |
| **TRADING AS:** |  |

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| **DEROGATION REQUESTED FOR:** | **Tick Derogation Required****✓** |
| Non-organic seeds - specify purpose below:  | [ ]  |
| [ ]  Pasture [ ]  Cropping [ ]  Horticulture [ ]  Green manure [ ]  Hay/Silage |
| Non-organic seedlings/plant propagation material | [ ]  |
| Livestock non-organic feed | [ ]  |
| Use of non-natural vitamins/feed supplements | [ ]  |
| Use of non-organic mushroom spawn | [ ]  |
| Other –specify the relevant Standard & derogation clause: |

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| **APPLICANT INFORMATION SUPPORTING REQUEST FOR DEROGATION** |
| **Identify reason(s) for derogation request and why it is required for your operation:** |
| Input material not available in: [ ]  Sufficient quantity [ ]  Sufficient quality [ ]  Required variety/type [ ]  Other reason (specify below): |

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| **Indicate effort made to obtain an organic supply of the input:** |
| *(Note: at least two certified organic suppliers of the required input must be approached)*1.2. |

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| **Indicate supplier and conventional input details:** |
| SUPPLIER | PRODUCT/NAME/VARIETY | QUANTITY/AMOUNT |
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| **For the input(s) listed above, indicate how the risk of potential contamination from prohibited substances including GMOs and/or GMO derivatives is managed.***Note –post harvest chemical treatment of conventional seed and planting material is not permitted under the IFOAM Program unless prescribed by law for phytosanitary purposes.* |
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| **For livestock feed, indicate % of the livestock diet calculated on both a daily and annual basis, and indicate period over which feed is required.** |
| % on daily basis:% on annual basis:Time period or stock age when feed is required: |

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| **Operator Signature: Date:** |
| **PLEASE SUBMIT YOUR DEROGATION REQUEST FORM TO THE NCO OFFICE:** **Email:** info@ncocertifiedorganic.com.au |

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| **NCO RESPONSE** |
| **Decision:** | [ ]  **APPROVED** [ ]  **NOT APPROVED** |
| **If Approved - Date Derogation Period Ends:** |  |
| **Indicate Any Conditions Attached:** |
|  |
| **Name of NCO Officer:** |  |
| **Date:** |  |