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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.* |
|  |
| **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](mailto: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:** |  | |