

| | | | |
|---|--------|-------------|----------|
| Operator Details: | | | |
| Company Name: | | | |
| PR Code (this is filled in by the certification body) | | | |
| Contact Name: | Title: | First name: | Surname: |
| Job Title: | | | |
| Address: | | | |
| Tel No: | | Fax No: | |
| Mobile No: | | | |
| E-mail: | | | |

| | |
|---|--------------------------|
| I/We have chosen to apply for: (Tick boxes that apply) | |
| PAS 100 and Protocol Certification | <input type="checkbox"/> |
| PAS 100 but not Protocol Certification | <input type="checkbox"/> |

| | | | | | | |
|--|---------------------------|------------|----------------------------|--|----|--|
| For a Certificate of Compliance in respect of: | | | | | | |
| Organisation Name | | | | | | |
| Composting Site Address | | | | | | |
| Telephone (site) | | Fax (site) | | | | |
| Input tonnage per annum (actual not site maximum capacity) This is used to calculate your annual fee. | | | | | | |
| Main input types | | | Tick all that apply | | | |
| Process type | Open air, turned windrows | | | | | |
| | Aerated static piles | | | | | |
| | In-vessel composting | | | | | |
| | Turned continuous blocks | | | | | |
| | Eco-pods | | | | | |
| | Enclosed Composting | | | | | |
| | Other (please specify) | | | | | |
| Already certified (please tick) | By OF&G | | Other CB | | No | |

| | | | |
|---|--------|-------------|----------|
| Mailing address (if different from applicant's name and contact details above) | | | |
| Contact Name: | Title: | First name: | Surname: |
| Job Title: | | | |
| Address: | | | |
| Tel No: | | Fax No: | |
| E Mail: | | | |

| | | | |
|---|--------|-------------|----------|
| Sales Contact (if different from applicant's name and contact details above) | | | |
| Contact Name: | Title: | First name: | Surname: |
| Job Title: | | | |
| Address: | | | |
| Tel No: | | Fax No: | |
| E Mail: | | | |

Please return the completed Application Form with cheque to:

Organic Farmers & Growers Ltd
The Old Estate Yard, Shrewsbury Road, Albrighton,
Shrewsbury, Shropshire. SY4 3AG

T: 01939 291800

F: 01939 291250

E: info@organicfarmers.org.uk



For office use only

| | |
|----------------------------|---------------|
| Date application received: | Fees due: £ |
| | Fees paid: £ |
| | Fees owing: £ |

| Pre-requisites (clauses 5.1.2, 5.1.6, 5.1.7 and 5.1.8 of REAL Scheme Rules) | | | | |
|---|---|----------------------------|-------------------------|----------------------------|
| Planning Consent Code and Date of Issue: Please specify if the planning consent is not required by the planning authority or if it is and consent has been obtained, write the code/unique reference code in the box, or enclose a copy with your application/renewal. | | | | |
| Planning Authority contact details: | | | | |
| Animal by-products: (please fill in this part only if your input types include animal by-products). | Approved under National ABP regs. | | | Tick all that apply |
| | Catering waste meat included | | | |
| | Catering waste meat excluded | | | |
| | Approved under EU ABP regs. | | | |
| | Category 3, specify types: | | | |
| Category 2 rendered, specify types: | | | | |
| Animal Health Officer's contact details: | | | | |
| Please describe the type of authorisation to composting (authorisation name given by the regulator) | Authorisation type | Tick all that apply | Reference number | Issue date |
| | Exemption T23 | | | |
| | Paragraph 12 exemption (in England/Wales only up to 01/10/2011) | | | |
| | Paragraph 13 exemption | | | |
| | Standard Permit SR2010 N. 14 | | | |
| | Standard Permit SR 2008 N. 16 | | | |
| | Standard Permit SR 2008 N. 17 | | | |
| | Bespoke permit for composting | | | |
| | Waste Management License | | | |
| | Pollution Prevention and Control Permit | | | |
| | Other (please specify) | | | |
| Regulatory local officer's name and contact details | | | | |

| Documents enclosed or otherwise supplied with this application/renewal form. Tick all that apply. | |
|--|--|
| Quality Policy and Management. | |
| Hazard Analysis and Critical Control Point Assessment. | |
| Standard Operating Procedures | |
| Copy of Pollution Prevention Control Permit / Waste Management Licence / Environmental Permit or Exemption (whichever is applicable) Please check with CB if only the relevant pages are required to be submitted with this application. | |
| Copy of Animal Health approval in principle or full approval to process animal by-products / catering wastes. | |
| Compost test results (must demonstrate 3 passes in a row for each obligatory parameter, for batch samples taken at correct age). | |
| Compost Quality History Template. | |

| Product grade | Product type | Particle size grade | Approx tonnage produced in last 12 months | Is this grade going to be bagged during the period of assessment for certification/renewal? | Additional specification/criteria subscribed by compost producer for this compost grade | Is this grade going to be applied to agriculture or soil-field grown-horticulture during the period of assessment for certification/renewal? |
|----------------------|--------------|---------------------|---|---|---|--|
| Principal grade | | to mm | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional grade i | | to mm | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional grade ii | | to mm | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional grade iii | | to mm | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional grade iv | | to mm | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

By signing this form, I/we confirm that we have read and agree to all the terms and conditions and requirements specified in REAL's Compost Certification Scheme Rules.

| | | | |
|------------------|--|------------|--|
| Applicants Name: | | Signature: | |
| On behalf of: | | Date: | |