

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	
PAS 100 but not Protocol Certification	

Version of PAS100: (Tick boxes that apply)

PAS 100:2005 (<i>you can tick this box only if your inspection is carried out before 30th April 2011</i>)	
PAS 100: 2011	

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)						
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		By CMI		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 / 0845 330 5122
F: 01939 291250 / 0845 330 5123
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 AfOR Scheme Rules issue 1 revision 2)

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).	

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 AFOR's Compost Certification Scheme Rules.

Applicants Name:		Signature:	
On behalf of:		Date:	