

Photo by Tapan Kumar Choudhury on Unsplash

APPLICATION FORM: AQUACULTURE STEWARDSHIP COUNCIL CERTIFICATION

01 | APPLICANT INFORMATION

APPLICANT DETAILS

Organisation							
Address							
				Phone			
Tax Status	Registered B	usiness Yes No	ABN/Reg. No)			
Website							
Contact	Name						
	Position						
	Email						
	Phone			Mobile			
Accounts Contact	Where should we send invoices?						
	Name						
	Email						
	Phone						

How did you hear about bio.inspecta Pty Ltd?									
bio.inspecta website		MSC Website		ASC Website		ASI Website			
Internet Search		Advice from MSC		Advice from ASC		Social Media			
Referral		Please indicate:							
Other		Please indicate:							

ORGANISATION DESCRIPTION

Description	No. Employees			No. Hatcheries &/or Nurse	eries	
Travel Time	Estimate from airpo	rt to	Farm Sites	Head Office	Pro	cessing Plant
	Please provide a sho history, managemer			company and the producti d equipment used:	on unit(s) including activities,

02 | SERVICE

SERVICE REQUIRED

1.	New	ASC Certificate									
2.	Trans	sfer of existing ASC Certificate									
	ASC	Certificate Co	de								
	Curre	ent Conformit	y Assessmen	t Body							
	Hasy	your certificat	e ever been	suspende	ed?	Yes	No				
Species		Abalone					Bivalve				
		Flatfish					Freshwa	ater Trout			
		Pangasius					Salmon	l			
		Seabass/Sea	abream/Meag	gre			Seriola	& Cobia			
		Shrimp					Tilapia	Tilapia			
		Tropical Mar	ine Finfish				ASC-MS	SC Seawee	ed		
Audit Typ	be	Pre-assessment: Remote				Pre-ass	Pre-assessment: Onsite				
		Initial Full Assessment					Re-asse	Re-assessment			
		Surveillance Audit									
Certificat Type	ion	Single Site o	ertification		Multi-S	lite cert	ification		Group certific	ation	
Indicate initial ful			dates includ	ling the r	nonth ar	nd year,	, please no	te that ha	rvest requires	witnessing	g during
1. Pref	eferred Audit Date 2. Preferred Audit Date										
Chain of		Do you requ	ire MSC-ASC	Chain of	f Custod	y certifi	cation?			Yes	No
Custody						-		cess certifi	ed products?	Yes	No
Are certified and non-certified products mixed or substituted?						Yes	No				

Please select the relevant Aquaculture Stewardship Council service required:

03 | BACKGROUND

CE	RTIFICATION							
1.	Has your company or any of the farm sites been certified according to another aquaculture certification scheme?							
	No Best Aquaculture Practice Global G.A.P Organic Aquaculture Certification							
	Other, specify							
2.	Are you certified in a management system standard (e.g., ISO, BRC GMP, IFS)? Yes No							
	Specify							
3.	Has your company or any of the farm sites been certified in an ASC farm assessment Yes No Previously?							
	Specify Year		Specify Farm Site/s					
4.	Does your company currently hold a valid ASC farm certification issued by another Yes No							
	Specify CAB							
	Specify ASC Standard							
	Specify Date Valid	From /	/ From /	/				
5.	Has your ASC farm cert	ification ever b	peen refused or withdra	iwn?	Yes	No		
	Specify Site							

04 | UNIT OF CERTIFICATION

UNIT OF CERTIFICATION

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.

1.	Site Name				Identifier No. (if known				
	Site Location				GPS Data				
	Site Size (ha)			Habitat	Marine	Fresh	water	Other	
	Species			Species Latin	Name (if kno	own)			
	Production	Cages/Pens	Ponds	Raceways	Recirculati	ng	Other		
	Harvest Season			Period of a Pr	roduction Cyc	le (m	onths)		
	No. of Workers	Annual Prod			uction Quantity (in MT)				
	Have you been in	operation for ≤ 1	peration for ≤ 18 months or at least one harvest cycle?					Yes	No
2.	Site Name				Identifier No	o.(if∤	known)		
	Site Location				GPS Data				
	Site Size (ha)			Habitat	Marine	Fresh	water	Other	
	Species			Species Latin	Name (if kno	own)			
	Production	Cages/Pens	Ponds	Raceways	Recirculati	ng	Other		
	Harvest Season		Period of a Production Cycle (months)						
	No. of Workers		Annual Production Quantity (in MT)						
	Have you been in	Have you been in operation for ≤18 months or at least one harvest cycle? Yes No							No

UN	UNIT OF CERTIFICATION continued								
3.	Site Name			Identifier No. ((if known)				
	Site Location			GPS Data					
	Site Size (ha)		Habitat	Marine Fr	eshwater	Other			
	Species		Species Latin	Name (if known	ר)				
	Production	Cages/Pens Ponds	Raceways	Recirculating	Other				
	Harvest Season	Period of a Production Cycle (months)							
	No. of Workers	Annual Production Quantity (in MT)							
	Have you been in	operation for ≤ 18 months o	r at least one h	arvest cycle?		Yes	No		

PRODUCTION CYCLE OF GROW-OUT SITES

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

1.	Site Name		
	Stocking Date	No. of Smotes Stocked	
	Estimated Date at 75% Biomass	Last Benthic Assessment	
	Estimated Start Harvest	Estimated End Harvest	
2.	Site Name		
	Stocking Date	No. of Smotes Stocked	
	Estimated Date at 75% Biomass	Last Benthic Assessment	
	Estimated Start Harvest	Estimated End Harvest	
3.	Site Name		
	Stocking Date	No. of Smotes Stocked	
	Estimated Date at 75% Biomass	Last Benthic Assessment	
	Estimated Start Harvest	Estimated End Harvest	
4.	Site Name		
	Stocking Date	No. of Smotes Stocked	
	Estimated Date at 75% Biomass	Last Benthic Assessment	
	Estimated Start Harvest	Estimated End Harvest	

SU	SUBCONTRACTORS								
	Please list information about subcontractors, including company name, activity and make any additional relevant comments.								
1.	Company Name	Activity							
	Comment								
2.	Company Name	Activity							
	Comment								
3.	Company Name	Activity							
	Comment								
4.	Company Name	Activity							
	Comment								

05 | DECLARATION

I declare that the above information is true and correct to the best of my knowledge and that I am duly authorised to sign this application. I agree to supply any information as needed for the audit of the operation(s) and/or product(s) to be certified and comply with the relevant standards should our company pursue and achieve certification.

Signature of Applicant	Position Held	
Name	Date	