

BDRI

Application for use of Inputs

Name of Applicant: _____ Certification Number: _____

Address: _____

Phone no. _____ E-mail _____

Before completing this form, please ensure that you have read APPENDIX A (pg.48) of the National Standard for Organic and Bio-dynamic Produce

Full name of Product you intend to use	Active ingredient/s	What used for?	Is this Certified to another Std? Y/N By Whom?
1.			
2.			
3.			
4.			

Indicate why you require the above input/s (demonstrated need):

If permission is granted, please note the following:

1. These inputs cannot replace good soil management practices. You will need to justify repeated use.
2. You need to keep record of when you used these inputs, where and how much - as these documents will be sighted at inspection.
3. Always follow the label instructions and use at own risk.

Permission is Granted: YES / NO (Circle)

Signed: _____ Position _____

Name: _____ Date: _____