**APPLICATION FOR CERTIFICATION OF**

**AQUACULTURE STEWARDSHIP COUNCIL (ASC)**

**INSTRUCTIONS TO THE APPLICANT**

• This application must be completed and returned to the Control Union office in order to generate an offer.

• Sign the last page, in the section "Applicant's Declaration".

1. **APPLICANT INFORMATION (Contact information)**

|  |  |  |
| --- | --- | --- |
| **Company name**  Including organization type: Ltd., Inc., SAC, SA, SARL, BV) | : |  |
| **Company address**  (Street, postal code, city, province, country, P.O. box) | : |  |
| **Legal representative name** | : |  |
| **Contact person**  (Name, function) | : |  |
| **E-mail(s)** | : |  |
| **Telephone number/Fax number** | : |  |
| **Web page** | : |  |
| **Social networking** |  |  |
| **Number of RUC / RUT / VAT / NIT / RFC / RNC** | : |  |

1. **TYPE OF APPLICATION**

|  |  |
| --- | --- |
|  | Initial certification: our company applies for the first time |
|  | Scope extension/modification: our company would like to indicate changes/update our existing project information. |
|  | Transfer of CB: our company is certified with another CAB and wants to transfer to CU. |
|  | Recertification: our company applies for recertification. |
|  | Other (please specify): |

1. **SELECT THE CERTIFICATION OPTION YOU WISH TO APPLY FOR:**

|  |  |  |
| --- | --- | --- |
| **ASC** | **Standard** | **Scope of Certification** |
| Tilapia\_  Abalone\_  Salmon\_  Shrimp \_  Pangasius\_  Bivalves\_  Fresh water trout\_  Cobia/Seriola\_  Flatfish\_  Seabass/Seabream/Meagre\_  Tropical Marine Finfish\_ | Single site1  Multi-site without IMS2  Multi-site with IMS  Group3  -  RAS module\_ |

1. Single site: the Uoc consists of one site which has clearly **defined boundaries** **as described in the associated legal licenses and permits** and may include multiple pens, cages, ponds, tanks, raceway systems or beds. The site is either owned or contracted by the Client.

2. Multi-site: the UoC consists of more than one site, **each of which has clearly defined boundaries as described in the associated legal licenses and permits** and may include multiple pens, cages, ponds, tanks, raceway systems or beds.

3. Group: the UoC consists of more than one site, **each of which has clearly defined boundaries as described in the associated legal licenses and permits** and may include multiple pens, cages, ponds, tanks, raceway systems or beds.

**\* If you choose two or more ASC Standard, you can combine the audits.**

1. **SITE INFORMATION**
   1. **UNITS OF CERTIFICATION (UoC)**

Please identify all production units where the product to be certified will be handled. In case of changes please complete the corresponding column. In case you chose the option of Multi site with IMS or Group please complete the Annex 1.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **UoC Name** | **Address**  **(if applied)** | **WGS 84**  **Latitude (N, S) (00.000000) //**  **Longitude (E,W) (00.000000)\*** | **If your farm is located within a commune, please detail the name(s):** | **Owner/ Subcontracted/**  **Member** | **Activities included in the scope** |
|  |  |  | 1.  2.  3.  NA | Owner  Subcontracted  Member  **Production:**  Total  Partial | Stocking  Nursing  Growing out  Transferring  Harvest  Vaccination  Husbandry  Fallowing  Transportation  Storage  Processing  Packing  Other |
|  |  |  |  | Owner  Subcontracted  Member  **Production:**  Total  Partial | Stocking  Nursing  Growing out  Transferring  Harvest  Vaccination  Husbandry  Fallowing  Transportation  Storage  Processing  Packing  Other |
|  |  |  |  |  |  |

Add more rows if necessary.

\*Geographical coordinates of the sites shall be provided in decimals, using the World Geodetic System 84 (WGS84).

* + 1. **SATELLITE IMAGES:**

Please, insert satellite images with site(s) polygons. It can be polygons formed by Google Earth or other tools.

* 1. **PRODUCTION INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **UoC Name** | **Specie produced** (Scientific name) | **Cycle duration**  (Short<6months  Long>6 months) | **Total Area**  (ha) | **Production system**  (Cages, ponds, tanks, beds, raceways, etc) | **Production systems #** | **Non-certified products or batches\***  Detail in which cages, ponds, tanks, beds, raceways) | **RAS** |
|  |  | Short  Long |  |  | **[**Ex:10 cages] | No,  Yes.  List: | Yes  No |
|  |  |  |  |  |  | No,  Yes.  List: |  |
|  |  |  |  |  |  |  |  |

Add more rows if necessary.

\* A site within the UoC can produce certified and non-certified product in cases where specific and identifiable batch(es) or production unit(s) do not comply with some ASC Farm Standard indicators. Please, go to the RUoC document for more information**.**

1. Exceeding antibiotic treatments permitted by the ASC standard, authorized by the producing and importing countries as the only resources to safeguard animal health.
2. The use of critically important antibiotics, when permitted by the relevant ASC Standard
3. The use of compliant ASC feed is not possible because of commercial limitations.
4. The use of ASC compliant seedlings suppliers is not possible because of commercial limitations.

\***Production of certified and non-certified products in a site is not allowed in group certification.\***

* 1. **DECLARATIONS AND ADITIONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Does your company owns the product that apply for certification?** | : | Yes  No  If not, Please declare who is the owner of the product and what is your relationship with that company/entity. |
| **Declaration of open court cases related to environmental or social compliance violations or any fraudulent allegations in connection with the ASC requirements** | : | Yes  No  If YES, please enclose relevant documents. |
| **Declaration of any charge for or admission to cases in the question before within the last 36 months** | : | Yes  No  If YES, please enclose relevant documents. |
| **Declaration where in the last 12 months the UoC has had a withdrawal of their ASC certificate, or an ASC failed initial audit where certification has not been awarded** |  | Yes;  No  If YES, please enclose relevant documents. |
| **Declaration of any open cases or successful prosecution in the last 24 months related to:**  **a. Carrying out fraudulent activities confirmed by the statutory authority.**  **b. Use or involvement of Child labour, slavery, human trafficking or forced labour.** |  | Yes;  No  If YES, please enclose relevant documents. |
| **For multi-sites and groups:**  **Organisational structure and relationships between the applicant, internal management system, group management body and sites or group members.** |  | Please, enclose relevant documents. |

**4.3.1 ADITIONAL TECHNICAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Is the farm located in a protected area?** | : | Yes  No  If YES, please identified the PA and the IUCN category following the website: http://www.protectedplanet.net/  Please enclose relevant documents concerning the designation of permission for concessional areas (Environmental license, declarations, etc.) |
| **Does the farm use antibiotics?** |  | Yes; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  If YES, please identified all the ponds, farms that use antibiotics.  Describe the type of antibiotics, in case the farm is using prohibit antibiotics according to ASC, the farm is not eligible for ASC certification, unless the antibiotic treatment is applied to only a portion of the farm site, fish that did not receive treatment are still eligible for certification and an ASC-Chain of Custody certification will be required for the farm. |
| **In case you select ASC Salmon. How many suppliers of smolts does the company use?** | : | 1  2  3  Other; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **PROCESSING UNITS**

Please describe below the post-harvest operations taken place in the UoC to evaluate if a **separate** **chain of custody** certification is required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit Name** | **Address** | **Owner/ Subcontracted** | **Activities that only occurs within the premises of the UoC** | **Type of products handle from the UoC** | **New ; Changed ; Withdrawn** |
|  |  | Owner  Subcontracted | Processing  Packing  Transporting  Other | Only ASC certified  ASC certified & Non certified | New  Changed  Withdrawn |
|  |  | Owner  Subcontracted | Processing  Packing  Transporting  Other | Only ASC certified  ASC certified & Non certified | New  Changed  Withdrawn |
|  |  |  |  |  |  |

Add more rows if necessary.

1. **STAKEHOLDERS**

Please make a list of all your potential stakeholders. CU office will invite them to participate in the initial audit. (NGO, neighbor, governmental authorities, veterinary authority, environmental authority, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of stakeholder** | **Name/ Contact person** | **Address** | **Email** | **Phone number** |
| **Neighbour** |  |  |  |  |
| **Governmental authorities** |  |  |  |  |
| **Veterinary authority** |  |  |  |  |
| **Environmental authority** |  |  |  |  |
| **NGO** |  |  |  |  |
| **Local community** |  |  |  |  |

Add more rows if necessary.

1. **SOCIAL INFORMATION**

**COUNTRY INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Official Language** |  |  |
| **Local Language of the farm´s city** |  |  |

**EMPLOYEE INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Total number of workers** |  |  |
| **Total number of workers Living on site** |  |  |
| **N° subcontracted workers** |  |  |
| **N° Permanent workers** |  |  |
| **N° Temporary Workers** |  |  |
| **N° Local workers** |  |  |
| **Native Languages of local workers** |  |  |
| **N° of foreign workers** |  |  |
| **Nationalities and languages of foreign workers** |  |  |

1. **PLANNING INFORMATION**

Audit will be conducted to occur at the time that production facilities are operating. For initial audit, harvest activity must be audited.

|  |  |  |
| --- | --- | --- |
| **How long the unit of certification has been in operation?** | : | At least 12 months **or**  Completed one harvest cycle, with similar operational conditions **or**  Has reached 75% of the peak biomass for long cycle species.  None; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Production times** | : | 1. Production period: \_\_\_\_\_\_\_\_\_\_\_ 2. Stocking dates of current cycle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Harvest period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Month, expected 75% peak of biomass: \_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Month, expected peak of biomass: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does the farm has at least 6 months of data/records related to standard compliance for the current production cycle?** | : | Yes  No  If NO, please mentioned the number of months available |
| **Document information: Has the documents of the project in English?** |  | Yes  No; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If NO, please mention the language of the documents. |
| **Mentioned the period for carry out the audit, take into consideration weather conditions (tides, raining season, wind, etc)** | : |  |
| **Please indicate the estimated travel time between the units to the nearest airport** | : |  |

1. **CERTIFICATION STATUS**

Has your organization or any of its production/process units ever been certified by another Certification Body (CB) for the certification scheme you are applying for or any other certification program?  YES NO.

If yes, please complete the following table:

|  |  |
| --- | --- |
| **Name of the previous CB** |  |
| **Certification program** |  |
| **Certificate validity** |  |
| **Reason for CB change** |  |
| **Contact person Previous CB** |  |
| **Transfer process in the current certificate cycle** | First transfer process  More than one transfer process |

1. **DECLARATION BY THE APPLICANT**

The undersigned declares that he/she has completed the application with truthful information.

|  |  |
| --- | --- |
| **Company name** |  |
| **Legal representative name** |  |
| **Date and signature** |  |

Based on the above information, CU will send you a non-binding offer.

Please confirm if you want to receive the offer: English Local language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **QMS INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Is designated a central office?** | : | Yes, Name of the central office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |
| **Is there an annual management review?** | : | Yes, Date of the last one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |
| **Does a full internal audit, covering all sites and central office, conducted?** |  | Yes, Date of the last internal audit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |
| **Do All sites in the unit of certification operate within the same jurisdiction or within neighbouring jurisdictions that share the same relevant regulations?** |  | Yes  No |
| **Do All sites in the unit of certification operate with the same ASC standard?** |  | Yes Which standard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |
| **Please give the name of the internal auditor** |  | Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |