

# APPLICATION TO BECOME AN ACCREDITED AVOGREEN® PEST MONITOR



## Applicant Name

First Name(s)

Surname

## Applicant Address

## Phone

## Mobile

## Fax

## Email

## AvoGreen Operator you will be working for

Full Name

I,

### wish to apply for accreditation under the requirements of the AvoGreen® programme:

1. I agree to meet the requirements of the AvoGreen® Specifications (details at [www.nzavocado.co.nz](http://www.nzavocado.co.nz)).
2. I agree to only carry out AvoGreen® monitoring services only for AIC accredited AvoGreen® Operators and/or Owner-Operators.
3. I agree to provide the AIC accredited representatives reasonable co-operation and access necessary to carry out audits and/or proficiency tests
4. I understand that if I fail to provide all or any of the information requested in connection with this application I may be denied accreditation.

## Signature of Applicant

## Date

Return to: Avocado Industry Council, PO Box 13267, Tauranga 3141