

# EXPRESSION OF INTEREST TO BECOME AN ACCREDITED AVOGREEN® OWNER-OPERATOR



## Applicant's Name

First Name(s)

Surname

## Applicant's Address

## PPIN(s)

## Other Nominated PPIN(s) (Restricted to 2 PPINs or 1 PPIN plus a Combined Sample Area. See AvoGreen® Monitoring Protocol for details)

## Contact Name (Person responsible for the Owner-Operator's system)

First Name(s)

Surname

## Nominated Monitor(s) (Must be accredited by the AIC)

First Name(s)

Surname

First Name(s)

Surname

First Name(s)

Surname

## Phone

## Fax

## Email

Full Name

I,

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

1. I agree to operate a documented system to comply with all the operational procedures and to meet the requirements of the AvoGreen® programme (details at [www.nzavocado.co.nz](http://www.nzavocado.co.nz)) and the Owner-Operator Agreement (this Agreement will be sent by the AIC to each Owner-Operator upon receipt of this application)
2. I agree to undertake monitoring, according to the AvoGreen® Specifications and Monitoring Protocol.
3. I agree that I will only undertake monitoring on orchards for which I am the holder of the PPIN (Property Identification Number) or such other properties as allowed under the Owner-Operator procedures.
4. I agree to provide the AIC accredited representatives reasonable co-operation and access necessary to carry out audits.
5. I agree to pay a fee of \$100.00 (plus GST) initial payment for a five year period to meet the administrative costs of the programme.
6. 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

## Name (Please print)

## Position

## Date

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