# OECD Label Order Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Seed Processor: |       | Date of Request: |       |  |
| Contact Name: |       | Mobile Number: |       |  |
| Delivery address: |       | Postcode: |      |  |
|  |  |  |  |  |

**Complete the seed lot details in the table below where OECD Certification labels (any generation) or Pre-Basic or Basic Australian Certified Seed Scheme labels are required.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Seed lot 1** | **Seed lot 2** | **Seed lot 3** | **Seed lot 4** |
| **Seed lot code** |       |       |       |       |
| **Species** |       |       |       |       |
| **Variety** |       |       |       |       |
| **Grower** |       |       |       |       |
| **RAN** |       |       |       |       |
| **Generation** |       |       |       |       |
| **Product packed:** | [ ]  Naked seed[ ]  Pod | [ ]  Naked seed[ ]  Pod | [ ]  Naked seed[ ]  Pod | [ ]  Naked seed[ ]  Pod |
| **Bag Size (kg)** |       |       |       |       |
| **Number of Bags** |       |       |       |       |
| **Total lot size (kg)** |       |       |       |       |
| **OFFICE USE ONLY** | Label range: |  |  |  |  |
|  |  |  |  |
| QA | [ ]  Label register[ ]  STAC  | [ ]  Label register[ ]  STAC  | [ ]  Label register[ ]  STAC  | [ ]  Label register[ ]  STAC  |
| Date printed: |  |  |  |  |

NOTE: The statement ‘Meets EU Rules and Standards’ will not be applied to these labels unless prior arrangement is made with STAC for exports to the European Union.

**Complete the section below if you require either SureSeed® Program labels or Green Domestic labels. Seed lot specific information is not required to order these labels.**

|  |  |  |
| --- | --- | --- |
|  | **Number of Labels required** | **OFFICE USE ONLY** |
| Label range: | QA |
| **Green Domestic** (in pads of 200) |       |  | [ ]  Label register[ ]  STAC  |
| **SureSeed® Program labels** (in pads of 200) |       |  | [ ]  Label register[ ]  STAC  |

**Complete the courier details below for the dispatch of labels.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred Courier:** | [ ]  Toll Priority Service | [ ]  Toll Standard Road Service | [ ]  Other (Provide information below) |
| **Type of service delivery:** | [ ]  Same Day |       |       |
| [ ]  A/Hours Service |
| [ ]  Saturday Delivery |
| **Account details for charges** (if applicable) | Account Name: |       |
| Account Number: |       |
|  |
| **Special Instructions:** |       |
|  |