# 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:** | |  | | | |
|  | | | |