



Interim Green Waste Compost Scheme

User Declaration Form

Product Supplied to: Main Farm CPH number / / QMS Membership Number

Name & address:

Product Supplier's name & address:

Supplier Batch Reference Number	Field IACS Reference	Field Acreage (Hectares)	Tonnage Applied (Tonnes)	Date of Application	Crop Type eg Winter Barley etc

I DECLARE THAT THE GREEN WASTE COMPOST USED COMPLIES WITH THE REQUIREMENTS OF THE QMS INTERIM SCHEME.

Signed:

Status:

Form to be Faxed to 0131 4724038 within 5 working days of application. A copy must be retained by the User and made available to the SFQC assessor at time of farm audit