

Compost Certification Scheme Application / Renewal Form

Section 1		Site Details				
Site Name:		PR Code:				
Site Address:						
Main Contacts Name:		Position:				
Telephone No.:		Mobile No.:				
Email:						
Producer / Site Based Contact:		Position:				
Telephone No.:		Mobile No.:				
Email:						
Postal Address (if different from above):						
Additional Site Address/es (if other sites are to be inspected):						
Site 2:						
Site 3:						
Sales Contact (if different from applicant's name and contact details above):						
Contact Name:	Title:	First Name:	Surname:			
Job Title:						
Address:						
Tel No.:		Mobile No.:				
Email:						
Purchase Order Number for invoice:						
Section 2		Operation Details				
Input tonnage per annum (actual not site maximum capacity):		Main input types:				
Process Type:	Open air, turned windrows				<input type="checkbox"/>	
	Aerated static piles				<input type="checkbox"/>	
	In-vessel				<input type="checkbox"/>	
	In-vessel, open air, turned windrows				<input type="checkbox"/>	
	In-vessel, then aerated static pile				<input type="checkbox"/>	
	Eco Pods				<input type="checkbox"/>	
Already Certified?	By ACL	<input type="checkbox"/>	Other CB	<input type="checkbox"/>	No	<input type="checkbox"/>
Planning						
Planning consent code, date of issue and name of consenting planning authority:						
Planning authority contact details:						
Animal Health & Plant Agency						
Approved under national ABP regulations						

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Animal by-products (please complete this section if your input types include animal by-products)	Catering waste meat included	<input type="checkbox"/>
	Catering waste meat exclude	<input type="checkbox"/>
	Approved under EU ABP regulations	
	Category 3 – Specify types:	<input type="checkbox"/>
	Category 2, rendered – Specify types:	<input type="checkbox"/>
Animal Health Officers contact details:		
IPPC Directive Compliance		
Environmental Permit / Waste Management License / PPC Permit:	<input type="checkbox"/>	Ref #:
Exemption from the above:	<input type="checkbox"/>	Ref #:
Compost / Land spreading exemptions or permits codes:		
Regulator Officers Contact details (EA, NIEA, NRW, SEPA):		
Section 3 Scope of Certification Applied For		
End of Waste England (CCS EoWE): PAS100, Compost Resource Framework & Scheme Rules	<input type="checkbox"/>	
End of Waste Wales (CCS EoWW): PAS100, GN022 & Scheme Rules	<input type="checkbox"/>	
End of Waste Northern Ireland (CCS EoWNI): PAS100, Compost Quality Protocol & Scheme Rules	<input type="checkbox"/>	
End of Waste Scotland (CCS EoWS): PAS100, SEPA's Position & Scheme Rules	<input type="checkbox"/>	
Plastics Exemption?	<input type="checkbox"/>	
Storage Exemption?	<input type="checkbox"/>	
Please specify any customer quality requirements or additional criteria you meet in addition to those in PAS100:		
Principal Grade		
Additional Grade i		
Additional Grade ii		
Section 4 Documents Enclosed (check all that apply)		
Quality Management System	<input type="checkbox"/>	
Hazard Analysis and Critical Control Point Assessment	<input type="checkbox"/>	
Standard Operating Procedures	<input type="checkbox"/>	
Copy of Pollution Prevention Control Permit / Waste Management Licence / Environmental Permit or Exemption	<input type="checkbox"/>	
Copy of APHA approval	<input type="checkbox"/>	
Compost test results (3 passes in a row minimum)	<input type="checkbox"/>	

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Compost Quality History Record	<input type="checkbox"/>
Site Plan	<input type="checkbox"/>

Section 5 Compost To Be Assessed

Product Grade	Product Type	Particle Size	Annual Tonnage	Will the grade be bagged during the period of assessment for certification / renewal?	Additional specification / standard applied to this compost grade	Is this grade currently applied or to be applied to agriculture or soil-field grown-horticulture during the period of assessment for certification / renewal	End Market: Land restoration and soft landscaping, horticulture (incl. domestic), agriculture and soil grown horticulture or forestry
Principal Grade		to mm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Grade		to mm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Grade		to mm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Grade		to mm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Grade		to mm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Grade		to mm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Grade		to mm		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 6 Compostable Packaging

Does the certified process accept compostable packaging (tick if Yes)	<input type="checkbox"/>
Does the certified process accept compostable liners (tick if Yes)	<input type="checkbox"/>
Are you happy for this information to be entered to the CCS Database and website (tick if Yes)	<input type="checkbox"/>

By signing this form, I/we confirm that we have read and accept the terms and requirements specified within the ACL Certification Agreement and the requirements specified under the Compost Certification Scheme Rules.

In order to maintain our impartiality and prevent any potential conflicts of interest, ACL are unable to provide certification to the Compost Certification Scheme to applicants who are clients of our sister company, Aardvark EM Ltd.

Section 7 Signed Confirmation

Applicants Name:		Signature:	
On behalf of:		Date:	

Please return your completed application for with the relevant payment amount and supporting documentation to:
 Email: contactus@aardvarkcertification.com
 Post: Aardvark Certification Limited, Higher Ford, Wiveliscombe, Somerset, TA4 2RL
 Please refer to our Fee Schedule to determine the relevant fee and for payment options.

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For any queries on the scheme or to arrange a pre-assessment visit please call us on Tel: 01984 624989

Document Control

Revision #	Revision Date	Written/Revised By	Reviewed By	Description of Change
7	31/03/2026	Thelema Nethercott	Nicholas Johnn	Change of scope options from EoW and EoW Scotland to EoWE, EoWW, EoWNI, EoWS. Reformatting to be consistent with BCS form.