

APPLICATION

For initial registration in a CARBON FARMING Programme Carbonsafe

Entr. No	Date:
<input type="checkbox"/> New Application	<input type="checkbox"/> Editing of an application

Table No. 1 Data of the operator:

I. Natural person <input type="checkbox"/>	II. Legal entity <input type="checkbox"/>
I. DATA OF THE NATURAL PERSON (Filled in by Natural persons only)	
1. Name:	
2. Permanent address:	
3. BULSTAT:	
4. Telephone:	
5. e-mail:	
6. Correspondence address:	
7. Name for access to the system*:	
8. e-mail for access to the system*:	
9. Unique identification code upon registration of the farmer under the procedure of Regulation No. 3 of 1999 for establishment and keeping of a register of farmers:	
II. DATA OF THE LEGAL ENTITY (Filled in by Legal entities only)	
1. Name:	
2. Management address:	
3. UIC:	
4. Reg. No. as per the VAT Act:	
5. Financially liable person:	
6. Telephone:	
7. e-mail:	
8. Correspondence address:	
9. Name for access to the system*:	
10. e-mail for access to the system*:	
11. Unique identification code upon registration of the farmer under the procedure of Regulation No. 3 of 1999 for establishment and keeping of a register of farmers:	

Note: It is possible to specify more than one person, which will have a profile for access to the system. Please note, that the person specified will have access to all data in CARBONSAFE!

Table No. 2:

Farm type	
<input type="checkbox"/> Plant breeding	<input type="checkbox"/> Plant breeding and animal breeding

(Livestock farms are not eligible to participate in the program!)

Table No. 3:

The table is completed upon initial registration of the farm in the period 01.10. – 28.02. based on a certified re-registration of an agricultural producer.

*REFERENCE TO THE ACTIVITY FOR THE BUSINESSy./y.					
Crops	Sow main (ha)	Sow second (ha)	Basic Intentions (ha)	Second Intentions (ha)	Total (ha)
Total:					

**Note: Data from the first page "Report on the activity of the farm" of the survey card for the current business year is filled in here. A copy of a green card and an inquiry card must be provided with the application.*

Table No, 4:

The table is completed upon initial registration of the farm in the period 01.03. – 30.09. and after the completed Application for assistance under ISAK.

CURRENT INFORMATION ON THE PLOTS/FIELDS ON THE FARM FORy.					
No	Location	EKATTE	Plot number from ISAK	Area (ha)	Crop being grown
Total area:				0	

**Note: Data from the "Table of used plots" of a completed Application for Assistance to ISAK is filled in here. A copy of the "Table of used plots" and "Maps" from ISAK must be provided with the application.*

Table No 5

CURRENT INFORMATION OF THE CROPS/PLANTS GROWN						
A	B				D	E
Crop	Method/practices of growing*				Area** ha	Availability of a shape- file YES/NO
	1 <input type="checkbox"/>	6 <input type="checkbox"/>	11 <input type="checkbox"/>	16 <input type="checkbox"/>		
	2 <input type="checkbox"/>	7 <input type="checkbox"/>	12 <input type="checkbox"/>	17 <input type="checkbox"/>		
	3 <input type="checkbox"/>	8 <input type="checkbox"/>	13 <input type="checkbox"/>	18 <input type="checkbox"/>		
	4 <input type="checkbox"/>	9 <input type="checkbox"/>	14 <input type="checkbox"/>	19 <input type="checkbox"/>		
	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>		
	1 <input type="checkbox"/>	6 <input type="checkbox"/>	11 <input type="checkbox"/>	16 <input type="checkbox"/>		
	2 <input type="checkbox"/>	7 <input type="checkbox"/>	12 <input type="checkbox"/>	17 <input type="checkbox"/>		
	3 <input type="checkbox"/>	8 <input type="checkbox"/>	13 <input type="checkbox"/>	18 <input type="checkbox"/>		
	4 <input type="checkbox"/>	9 <input type="checkbox"/>	14 <input type="checkbox"/>	19 <input type="checkbox"/>		
	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>		
	1 <input type="checkbox"/>	6 <input type="checkbox"/>	11 <input type="checkbox"/>	16 <input type="checkbox"/>		
	2 <input type="checkbox"/>	7 <input type="checkbox"/>	12 <input type="checkbox"/>	17 <input type="checkbox"/>		
	3 <input type="checkbox"/>	8 <input type="checkbox"/>	13 <input type="checkbox"/>	18 <input type="checkbox"/>		
	4 <input type="checkbox"/>	9 <input type="checkbox"/>	14 <input type="checkbox"/>	19 <input type="checkbox"/>		
	5 <input type="checkbox"/>	10 <input type="checkbox"/>	15 <input type="checkbox"/>	20 <input type="checkbox"/>		
Total area:						

LEGEND	
<input type="checkbox"/> 1. Conservation without tillage. <input type="checkbox"/> 2. Treatment of beds. <input type="checkbox"/> 3. Minimal treatments. <input type="checkbox"/> 4. Biological agriculture. <input type="checkbox"/> 5. Integrated production. <input type="checkbox"/> 6. Precision agriculture. <input type="checkbox"/> 7. Diversification of crops. <input type="checkbox"/> 8. Fertilization with microbial fertilizers. <input type="checkbox"/> 9. Green fertilization (Sideration). <input type="checkbox"/> 10. Cultivation of nitrogen-fixing crops. <input type="checkbox"/> 11. Mulching treatment. <input type="checkbox"/> 12. Use of organic/natural pesticides;	<input type="checkbox"/> 13. Stripes tillage. <input type="checkbox"/> 14. Pasture and/or crop rotation and crop rotation management. <input type="checkbox"/> 15. Grass weeding of the rows in perennial crops and vineyards. <input type="checkbox"/> 16. Joint cultivation of more than one agricultural crop. <input type="checkbox"/> 17. Implementation of agricultural belts. <input type="checkbox"/> 18. Improvement measures in permanently grassed areas. <input type="checkbox"/> 19. Other not listed here. <input type="checkbox"/> 20. None of the above applies**.

ADDITIONAL INFORMATION: *(Please specify farming methods and practices, including the soil treatments you perform on the processed soils:)*

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Table No 6

CURRENT INFORMATION ABOUT THE EXPECTED YIELD OF THE CROPS/PLANTS GROWN					
Type of produce	Area total (ha)	Month and year of sowing	Date of last fertilization*	Amount of the expected produce /harvest (tons)	Period of collecting the produce/harvest
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

***Note:** Please mark the type of fertilizer used with "O" for organic fertilizer or "M" for mineral in the box before the date of last fertilization.

Livestock farming, NO YES in case of answer "YES", please fill in tables #7 and #8: Table No 7

INFORMATION ABOUT THE STOCKBREEDING SITE (Filled in OBLIGATORILY in the presence of stockbreeding farms as well)	
No. of the stockbreeding farm	
Location*	
GPS coordinates	
Specifics of the locality (<i>Natura 2000, reserve, forests, and forest areas, etc.</i>)	

***Note:** Specify populated settlement, municipality, district, and name of locality

Table No 8

INFORMATION ABOUT OF THE LIVESTOCK BRED (Filled in OBLIGATORILY for stockbreeding farms)			
species/breed	Direction*	Number	Technology of breeding**
Total number:			

***Note:** For animals that can be raised for milk and meat, the direction for which they are raised must be indicated. No apiaries are noted in the table.

****Note:** The cultivation technology is indicated (*free-box, free-group, tied, floor, cell, etc.*)

Equipment, inventory, means of transport and installations for the storage of animal manure:

Table No 9

INFORMATION ON EQUIPMENT, INVENTORY - ATTACHED/HANGED, VEHICLES, PREMISES AND FACILITIES FOR ANIMAL MANURE STORAGE (Filled in OBLIGATORILY)		
Type	Purpose	Description

**Note: please add more lines if needed.*

Table No 10

HISTORY OF THE FARM FOR THE PAST 5 (FIVE) YEARS						
Crops	Area (ha)	Cultivation technology *	Applied practices in the last 5 (five) years (mark with V or X the corresponding number from the legend)			
			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
			9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
			13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>
			17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>
			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
			9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
			13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>
			17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>
			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
			9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
			13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>
			17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>
			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
			9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
			13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>
			17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>

LEGEND

<input type="checkbox"/> 1. Conservation without tillage. <input type="checkbox"/> 2. Treatment of beds. <input type="checkbox"/> 3. Minimal treatments. <input type="checkbox"/> 4. Biological agriculture. <input type="checkbox"/> 5. Integrated production. <input type="checkbox"/> 6. Precision agriculture. <input type="checkbox"/> 7. Diversification of crops. <input type="checkbox"/> 8. Fertilization with microbial fertilizers. <input type="checkbox"/> 9. Green fertilization (Sideration). <input type="checkbox"/> 10. Cultivation of nitrogen-fixing crops. <input type="checkbox"/> 11. Mulching treatment. <input type="checkbox"/> 12. Use of organic/natural pesticides;	<input type="checkbox"/> 13. Stripes tillage. <input type="checkbox"/> 14. Pasture and/or crop rotation and crop rotation management. <input type="checkbox"/> 15. Grass weeding of the rows in perennial crops and vineyards. <input type="checkbox"/> 16. Joint cultivation of more than one agricultural crop. <input type="checkbox"/> 17. Implementation of agricultural belts. <input type="checkbox"/> 18. Improvement measures in permanently grassed areas. <input type="checkbox"/> 19. Other not listed here. <input type="checkbox"/> 20. None of the above applies**.
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**Note: In the Cultivation Technology column, please write down – conventional, organic, No-till, etc.*

***Note: If the farm uses technologies that are not described in the table, please fill in the blank lines.*

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Table No 11

DECLARATION OF “DOUBLE REPORTING OF A PROJECT “
<input type="checkbox"/> I do hereby declare that I am not taking part in another Programme/project for performance of similar activities. <input type="checkbox"/> I am aware of the criminal liability under Article 313 or Article 248a of the Criminal Code for providing false information.

Table No 12

DECLARATION OF AWARENESS
<input type="checkbox"/> I do hereby declare that I am familiar with and aware of the conditions and requirements of the CARBONSAFE Methodology. <input type="checkbox"/> I do hereby declare that I am aware that I must admit audit commissions of representatives of CARBONSAFE, as well as external audit companies, which are “third parties” in the process of certification.

Date

Applicant:.....

(Name, surname, signature)