

**PERMOHONAN SKIM PENSIJILAN DVS**  
**APPLICATION FOR DVS CERTIFICATION SCHEME**  
**PENSIJILAN myOrganic**  
*(myOrganic Certification Scheme)*



**BAHAGIAN DIAGNOSTIK DAN KEPASTIAN KUALITI**  
**JABATAN PERKHIDMATAN VETERINAR**  
**KEMENTERIAN PERTANIAN DAN INDUSTRI ASAS TANI**  
**MALAYSIA**

Wisma Tani, Blok Podium 1A, Lot 4G1, Presint 4,  
 Pusat Pentadbiran Kerajaan Pusat,  
 62630 PUTRAJAYA  
 Tel :03-88702000 Fax : 03-88885755



**(A) Sila lengkapkan maklumat-maklumat berikut:**

*(Please fill in the required information)*

**1. Nama Pemohon:**  
*(Applicant's name)*

**2. Tarikh:**  
*(Date)*

**3. Nama dan Alamat Syarikat:**  
*(Company Name and Address) :*

**5. No. Telefon:**  
*(Telephone No.)*

**6. No. Fax:**  
*(Fax No.)*

**4. Nama dan Alamat Premis/ Ladang (jika berlainan):**  
*(Premise name and address (if others) :*

**7. E-mail (jika ada):**  
*(if any) :*

**9. Jenis Operasi Ladang (sila tandakan / bulatkan maklumat yang berkaitan)**  
*Type of farm operation (please tick (✓) & circle the relate information*

**8. No. Kod Ladang (jika ada):**  
*Farm code nombor ( If available):*

1. Premis Perladangan Ayam (*Poultry Farming*)

Baka (GPS/ PS)  
*(Breeder (GPS/PS)*

Pusat Penetasan  
*(Hatchery)*

Penelur  
*(Layer)*

Pedaging Broiler  
*(Broiler)*

2. Lain-lain (*others*) Sila nyatakan (*Please state*)

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**10. No. Lesen Premis/ Ladang (dari DVS/ Majlis Tempatan, jika ada)**  
*Premise / farm Licence Nombor (from DVS/ Local Authority, if available):*

**11. Nyatakan tempoh ladang telah beroperasi secara organik:**

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**(B) AMALAN PENTERNAKAN ORGANIK**  
*(ORGANIC ANIMAL HUSBANDRY PRACTICE)*

12. Sila lengkapkan dokumen pada borang yang berkaitan seperti berikut:

12.1  AP/DVS/myOrganic No. 1A : **Maklumat Pengurusan Amalan Perladangan bagi Ternakan Ayam/ Itik** (*Information of Organic Poultry Farming*)

**(C) DECLARATION BY FARM MANAGER/ OWNER**

I declare that the information given above are true and correct. The company under-takes to comply with all requirements of the myOrganic Certification of Department of veterinary Services Malaysia.

.....  
Signature

Company Name and Stamp

.....  
Name and Designation

.....  
Date

**(D) Witness to Signatory (checked and verify by)**

.....  
Signature : (Registered Veterinarian)

Name : .....  
Registration No. ....  
Date : .....

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**(E) For official Use Only (DVS Malaysia)**

Comments:.....  
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Signature and Official Stamp :.....  
Name :.....  
Designation of DVS Officer :.....  
Date :.....

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