Sri Lanka Good Agricultural Practices (SL-GAP) Certification
Application - Instruction sheet

Answer the all questions numbered from 1 to 34 given here.

Name of the applicant   : Full name
District   : The district in which the farm is located.

01. **General Information on the farm**:

Name of the farm	**:** Name as indicated in business registration. (If any)
Address of the farm	**:** Enter the address of the farm.
Mailing Address	**:** Enter the mailing address of the applicant.
Telephone number	**:** Enter the contact number (Mobile or land line telephone)

02. If you have applied for SL-GAP certification before, enter the ✓ in the box. **SL-GAP Certificate Number:** Enter the 13-digit number.

04. If your farm has already received another certification, such as Global GAP, Organic Certification, etc. Put an ✓ in the appropriate box. Attach a copy of the relevant certificate.

05. If you are familiar with SL-GAP (SLS 1523 part 1: 2016 standard) please tick the box.

06. If you have books or brochures on SL-GAP standard, put the ✓ in the box.

07. If you have a checklist based on SL-GAP standard, place the ✓ mark in the appropriate box.

08. If you have Prepared Quality Management Plan (plan for key farm activities including cropping calendar, fertilizer management plan, disease management plan, harvesting data for at least one year period) for your farm, put the ✓ in the box.

09. Details of crops cultivated in this season and going to be cultivated in next season for one year period from the date of application.

13. Soil type of the farm (if known) and texture as sandy clay or loam.

19. Water test report on microbial / chemical on your water source.

21. If your farm site has been used for non-agricultural purpose for the previous 2 years, mark "yes" and indicate for what purpose. If no, insert the crops cultivated in the given table.

23. Tabulate the identified pest, disease and their control measures separately for present and next season cultivation for the one year period using the given two tables.

25. If there is any risk identified due to the activities of adjacent land and if you have taken corrective measures for above risk factors. (use the ✓ mark in the appropriate box)

26. If you ensured; temporary storage places, equipment and containers which are used for post-harvest handling are not contaminated. Use the ✓ mark in the box.

27. If the water is used for Post-harvest handling (washing) put the ✓ in the box. If the answer is "yes," then attach a copy of water test report

30. If you have taken necessary actions to protect temporary storage places and processing places from insect and other animals, put the ✓ in the box.

32. Indicate by ✓ fertilizers and pesticides storages are in proper order to ensure the quality of them.

33. If you have provided necessary facilities for workers (first aid and sanitary facilities) put the ✓ in the box.

• Crop plan should be attached with the application

Crop Plan: For the one year from the date of application

Crops	Block No/Name	Extent (acre)	Expected Yield (Kg)	Cropping Schedule from……………………Year to ……………Year												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan

Recommendation: For the internal auditing of your farm and submitting internal audit checklist with the application.