COGGAN WOOL

Please **fax** this specification to: **(02) 6884 4674** or Email to: **coggan@hwy.com.au**
Phone (02) 6882 0178,
PO Box 1887, Dubbo NSW 2830

Farm Brand

Trading Details
Trading Name.....
Contact Name.....
Postal Address.....
.....P/C.....
Ph/Mob.....Fax.....
Email.....

WOOLCLASSER'S SPECIFICATION Page ( ) of ( )

Proceed Instructions
By Cheque (Y/N).....OR
A/C Name.....
Bank.....BSB.....
A/C No.....
ABN.....

Shearing Details
Is this Shearing Complete (Y/N).....
No. of Bales in this Consignment.....
Est. No. of Bales in this Shearing.....
Date Shearing Completed ...../...../.....

Remarks

Office Use Only REF/No.	AM	No. Bales	Bale Description	Bale Numbers 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Mob Number	Mulesing Status NM/PR/M/CM Office Use Only	Bin Code	Classer's Comment
TOTAL BALES																						

NWD V6.1 March 2014

The NATIONAL WOOL DECLARATION (NWD) for Mulesing Status and Merino Dark & Medullated Fibre Risk for Sheep Mobs. See Instructions, Definitions & Codes.
For the NWD to be valid, this section must be completed & signed by the Owner/Manager.

NM: All sheep in this mob have not been mulesed.
PR: All sheep in this mob were mulesed with a registered Pain Relief product.
M: Some or all of the sheep in this mob have been mulesed.

AWEX *we know wool*

Mob No.	Mob Break/ Bale Ranges	Age Code	Breed Code	Sex Code	Contact with Shedding Breeds (Y/N)	Mob Crutched (Y/N)	Crutched within 3 mths prior to Shearing (Y/N)	Mulesing Status (NM, PR or M)	Wool Length (mm)	VM (Lo, Med or Hi)	Comments / Matching Mob Info

WOOLCLASSER DETAILS
Registration No.
Name
.....
Signature
.....
Phone/Mobile
.....

Has mulesing ceased on this property (i.e. no lamb born on this property in the last 12 months has been mulesed)? ☐ YES or ☐ NO (tick box)

BY SIGNING THIS DECLARATION, I WARRANT THAT (A) I AM AUTHORISED TO COMPLETE THIS DECLARATION AND I CONFIRM THAT ALL DETAILS CONTAINED IN IT ARE TRUE AND CORRECT, HAVING MADE ALL REASONABLE ENQUIRIES AND (B) I SUBMIT TO THE INTEGRITY PROGRAM COMPRISING RANDOM DESK AUDITS AND ON FARM INSPECTIONS.

PIC Number | | | | | | | | | Owner/Manager Name..... Signature..... Date ...../...../.....

Fax This End First