



CCOF ORGANIC SYSTEM PLAN

NOP §205.201 & 205.400

OPERATION INFORMATION

OSP SECTION:

1.0

An E-form version of this section/document is available online at www.ccof.org/forms.php

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Operation Name: _____ Date: _____

► Unless exempt or excluded, a producer or handler intending to sell, label, or represent agricultural products as organic must develop and Organic System Plan (OSP) that is agreed to by the producer or handler and CCOF. The OSP must be submitted with the application and reviewed by CCOF for compliance with organic regulations. An on-site inspection will verify that the information provided in the OSP accurately reflects the practices used or to be used. The OSP can be updated annually to include any deviations from, or changes to the previous year's OSP, and any additions or deletions intended to be undertaken in the coming year.

A. TYPE OF OPERATION

1) Does this operation produce or handle: Both organic and nonorganic product(s) Organic product(s) only

B. CALIFORNIA ORGANIC REGISTRATION Not applicable, not based in California

Operations engaged in production of organic products in California must register with the state prior to the first sale. Contact your local County Agricultural Commissioner for more information if you produce organic crops, livestock, or process meat, fowl, or dairy products. Contact the Department of Health Services if you process or handle any other organic products. [California Organic Products Act of 2003].

1) California Organic Program Registration number (grower and post harvest handling): _____
2) Department of Health Services Organic Registration number (processing): _____

C. CONTACT INFORMATION

1) **Primary Contact:** Please designate one person in your operation to be CCOF's Primary Contact. This person will be listed on your organic certificate and in the annual organic directory. This person should be knowledgeable of your operation, your OSP, the National Organic Standards, and have the authority to act on behalf of the company.

Name: _____ Title: _____

Phone: _____ Ext: _____ Fax: _____

Email(s): _____

Mailing Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

2) **Additional Contacts:** Please list all people at your operation authorized to conduct inspections, meet with inspectors, modify the OSP, or otherwise act on behalf of the company. Attach an additional list if necessary.

a) Name/Title Include on certificate Phone number Email

b) Name/Title Include on certificate Phone number Email

c) Name/Title Include on certificate Phone number Email

I, the owner or legally authorized corporate representative, authorize the above listed person(s) to act on behalf of my company in establishing or maintaining organic certification.

Name/Title Signature Date