



# COR COMPLIANCE PROGRAM ORGANIC SYSTEM PLAN

## OPERATION INFORMATION

OSP  
SECTION: **1.0**

An E-form version of this section/document is available online at [www.ccof.org/forms.php](http://www.ccof.org/forms.php)

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Operation Name: \_\_\_\_\_ Date: \_\_\_\_\_

► *If you wish to be certified by CCOF to the Canadian Organic Regime standards as an organic operation, you must develop an Organic System Plan (OSP) that is agreed to by you 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

### C. CONTACT INFORMATION

1) **Primary Contact:** Please designate one person in your operation to be CCOF's Primary Contact. This person will be listed in CCOF printed and online directories. 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