



Operation Name: _____ Date: _____

▶ Complete this form if you are paid for providing processing or handling services for organic product that you do not own or take title to or if you provide fee for service processing/packaging etc.

A. GENERAL INFORMATION

1) Describe specific services for which you wish to be certified (i.e. nut hulling, cooling, citrus repacking):

Note: Your inspector will verify you maintain current organic certificates for your clients on site.

2) Does your service include formulating or processing multi-ingredient products? Yes No

B. PRODUCT(S)

1) Do you purchase or supply ingredients as part of your service? Yes No Sometimes

If sometimes, please explain:

- a) If Yes or sometimes, attach a list showing ingredients and their sources. Attached
- b) If Yes or sometimes, attach organic certificates for each ingredient or product. Certificate(s) Attached
- c) If No, please describe your plan of how you will verify incoming products or ingredient(s) are certified in accordance with National Organic Program regulations, and how you will demonstrate this to auditors through your records.

2) List any processing aids used as part of your service. Not applicable

- a) For agricultural processing aids, attach manufacturer's statement(s) verifying they were not produced using GMOs, irradiation, or sewage sludge. Attached
- b) Attach specification sheets for each processing aid. Specification sheets attached

3) Do you package the products? Yes No Sometimes

If sometimes, please explain:

a) If Yes or Sometimes, complete the following table and attach label(s). Label(s) attached

Product	Brand, Mark, or Label	Owner of Label	Certifier (if any)