

CCOF COR COMPLIANCE CERTIFICATION CONTRACT

- CCOF Canadian Organic Regime (COR) Compliance Program is ONLY for operations located in Canada
- Please see the **CCOF COR Compliance Program Manual** for information about who should enroll in this program and the requirements.
- CCOF recommends beginning the application process with sufficient time before certification is required to allow for the necessary inspection and review process. While in some cases certification can be provided in a very short time frame, providing up to twelve weeks is recommended. Expedited services are available.
- Please keep a copy of all documents submitted to CCOF for your records.
- See www.ccof.org/certification/how or contact us with questions. Find all forms at www.ccof.org/documents.
- Complete and send the following to apply for certification:
 - CCOF COR Compliance Program Certification Contract (this 5-page form)
 - Organic System Plan (OSP) forms and attachments
 - o Carefully review the Organic System Plan (OSP) Guide and complete all forms indicated:

	 Guide to COR Ha 	indler OSP For	<u>'ms</u>			
	• \$350 Application fee					
	 Non-refundable and due wi 		_			
	☐ My credit card information			luded another form of	payment	
	☐ I have a discount code:	-				
	Email to: inbox@ccof.org Or Mail to: 0	COF, 2155 De	laware Ave., S	uite 150, Santa Cruz	, CA 95060	
>	How did you hear about CCOF?					
۵.	Company Information					
1)	Business Name:					
	DBA:					
	Website:					
	Phone:		Ext:	Fax:		
2)	Business Information:					
	Tax ID#:					
	Sole Proprietorship. Owner's Name:					
	☐ Partnership. Owner's Names:					
	☐ Corporation -OR- ☐ LLC. State of incorporation:					
	Name of owners, or officers and their					
3)	Physical Location of Your Operation.					
	Where organic production occurs, or records are kept (for broker/trader/private label owners):					
	Address:				City:	
	State/Province:	Zip/Postal C	ode:	Cour	ntry:	
1)	Mailing Address if different:					
	Address:				City:	
	State/Province:	Zip/Postal C	Code:	Cour	ntry:	
5)	Billing Address if different:					
	Address:				City:	
	State/Province:	Zip/Postal C	Code:	Cour	ntry:	
3)	Preferred language for communication:	☐ English ☐	☐ Spanish (mos	st CCOF forms & mate	erials available in Spanish)	
')	Preferred written communication method	l: 🗌 Email [Postal Mail			



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B. Organic Operation Summary

	Help us understand your organic operation. Describe or attach a summary description of your organic business or plans. Your full details will be on the complete Organic System Plan you submit. Description attached						
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 Organic System Plan, your operation's activities, applicable organic standards, and have the authority to act on behalf of the company. All communication will be sent to this contact.						
	Name:	T:41					
	Phone:		il(s):				
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. Check the CC box for contacts that should receive all communication along with the Primary contact listed above. Attach an additional list if necessary.						
	CC: □						
	Name/Title	Phone number	E	mail			
					CC:		
	Name/Title	Phone number	E	mail			
					CC:		
	Name/Title	Phone number	E	mail			
	Certification Program In						
1)	Which organic standards are you applying to be certified to? Check all that apply:						
	For more information about CCOF certification programs, or to determine which program(s) you need, visit www.ccof.org/standards to review the CCOF Certification Services Program Manual or contact us by phone or email.						
	Canadian Organic Regime Compliance:						
	Base program only for operations in Canada. Complete the COR Organic System Plan. CCOF Global Market Access Program:						
	Export verification for the US, EU/UK, Switzerland, Japan, or Taiwan. Complete the GMA application .						
2)	Does this operation produce or						
0)		product(s) Organic product(s	· ·				
3)		u export to directly or indirectly (as	_	_	traders etc).		
		n 🗌 Taiwan 🔲 Switzerland [_l Mexico	ther:			
4)	By what date do you anticipate						
	The certification process could take 12 weeks or longer. If you need a shorter timeline you can enroll in the Expedited Certification Service.						
5)	Is your operation currently certified organic?						
,	☐ No ☐ Yes, provide name of	•					

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3)	Has	Has this operation ever previously applied for, or been granted, organic certification					
☐ No. Skip to section E. ☐ Yes. Complete this section and provide name of certifier:							
	a)	Was your certification or the certification of fields or products ever suspended or cancelled?	☐ Yes	□ No			
	b)	Did you surrender your certification with outstanding non-compliances?	☐ Yes	□ No			
	c)	Did you withdraw your application for certification with outstanding non-compliances?	☐ Yes	□ No			
7)	If you answered yes to a, b, or c above, please list the years and agencies, attach a copy of all relevant letter(s) and a description o all corrective actions:						
	Yea	ar(s):		Letters Attached			
	Cor	rective actions taken:					
Ε.	An	nual Certification Fee					
nsį	pectio	vill estimate and invoice your certification fee based on the information provided below and collectors. Please refer to the CCOF Certification Services Program Manual for fee information. Certification enter your credit card information on page 4 or attach another form of pay	cation fees				
1)	All Operations:						
	Current or expected organic production value (next 12 months)						
	a) Farm and Livestock operations:						
	Current or expected cost of certified organic seed and/or feed purchased (next 12 months)						
	b) Handlers/processors/private labelers and other non-farm businesses:						
		Current or expected cost of certified organic ingredients/products purchased (next 12 months)					
	c)	Retail and Restaurant operations:					
		Current or expected number of stores (next 12 months)					

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Oper	Operation Name: Date:				
▶ T	Certification Contract and Agreement The following must be signed by a legally authorized representative of any operation by all applicants for certification by CCOF.				
B b	y sig	gning this document, the applicant acknowledges that it has red d by the CCOF CS Certification Manuals and agrees to:	eived, has read, fully understands, and agrees to be		
d	escri	perations seeking NOP certification: Comply with all State and applic ibed in rules issued by the United States Department of Agriculture A FR Part 205 and the NOP Handbook as published on the USDA AM	gricultural Marketing Service (including those regulations		
		perations seeking COR certification: Comply with all Province and ap ibed in rules issued by the Canada Food Inspection Agency	plicable organic production and handling regulations as		
		perations seeking CCOF GMA or International Standard certification: ernational Standard Certification Manual, respectively.	Comply with the requirements set forth in the CCOF GMA		
		Il operations: Comply with and strictly adhere to all CCOF standards, ding but not limited to the following:	procedures and policies described in the CCOF Manuals		
a) E	Establishing, implementing, and updating annually an Organic System	Plan that will be submitted to CCOF.		
b	p	Permitting on-site inspections with complete access to the production or oduction areas, structures, or offices by CCOF. These inspections record or as required by an accreditation authority, government entity	nay be announced or unannounced at the discretion of		
c)) N	Maintaining all records applicable to the organic operation for not less	than five (5) years beyond their creation.		
ď) A b	Allowing authorized representatives of CCOF, an accreditation authorioody access to these records under normal business hours for review standards, regulations or governing law.	ty, government entity with jurisdiction, or other governing		
e) U	Inderstanding CCOF may use subcontractors for inspecting, testing	and other technical services, as necessary.		
f)	S	Submitting to CCOF any applicable fees as described on the most cu	rent fee schedule.		
g) Ir	mmediately notifying CCOF concerning any application, including drifting ite, facility, livestock, or product that is part of an operation.			
h)		mmediately notifying CCOF of any change in your certified operation applicable standards, regulations or governing law.	or portion of it that may affect its compliance with the		
i)	n a	Using the CCOF name and seal(s) only in accordance with CCOF state notice by CCOF. Any use of CCOF's names or marks, without the expan infringement of CCOF's rights. CCOF shall be entitled to its reason action, arbitration, or mediation to enforce its rights to its names or ma	press consent of CCOF, is strictly prohibited and constitutes able attorney's fees and costs incurred in bringing any civil		
j)	D	Destroying or returning to CCOF all packaging and certificate(s) upon	notice from CCOF.		
k)) U	Inderstanding that the use of the CCOF name and seal must be in a	cordance with the CCOF standards.		
I)	Α	Authorizing CCOF to list certified parcel crops, products, services, and	d acreage on my certificate and in the CCOF Directory.		
m	ĺ	mmediately ceasing all claims of CCOF certification associated with tabeling, and marketing material containing reference to CCOF in the suspended or revoked.			
n)) A	Agreeing to be legally bound by the policies on Governing Law, Consideration of the CCOF Certification Program Manual section 6.	ent to Jurisdiction, Indemnification and Limit of Liability as		
under	stand n(s) l	ner or legally authorized corporate representative, acknowledge to defeat that any willful misrepresentation may be cause for denial of an applisted above to act on behalf of my company in establishing or mainten is true and accurate to the best of my knowledge:	olication and sanctioning of certification. I authorize the		
Nar	ne/T	Title Signature	Date		

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Ор	eration Name:		Date:	
G.	Credit Card Payment Information			
T	/pe of Credit Card: ☐ Visa ☐ Master Card ☐ Amex		Amount: \$	
С	redit Card Billing Address:			
С	ity: State:		Zip code:	
N	ame on Card:		Phone Number:	
С	redit Card Number:			
E	xpiration Date (mm/yy): /		ity Number (The three-digit code on the back of your card. mex, this is the four digits on the front):	
Si	gnature:			
 H. Public Profile Information (optional) Use these options to describe your operation. This information will be used to populate your online directory profile and to help promote your unique operation. 1) Online Presence: Facebook: 				
	Linkedin:			
2)	Sales Methods:			
	Community Supported Agriculture (CSA):			
	Copacking Services (CS):			
	Export (EX):			
	☐ Farmer's Market (FM):			
	☐ Ingredients (Ing):			
	☐ Internet (WWW):			
	Produce Stand (PS):			
	Retail (R):			
	☐ Tasting Room/Winery:			
	U-Pick (UP):			
	☐ Wholesale (WS):			
3)	Apprenticeship Options:			
	Apprenticeship Offered:			
	Terms: ☐ Board ☐ Internships ☐ Wage ☐ Other:			
4)	Company Statement (Promotional/sales/informational or public s	statement	t about your company):	

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