



CONTRACT PARTNER PROGRAM APPLICATION

Find all forms at www.ccof.org/documents. Send completed forms to inbox@ccof.org.

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Operation Name ("this operation"): _____ Date: _____

- ▶ Submit this form with your initial application if you want another CCOF certified operation to participate in the management of your certification.

A. Scope of Processing Services

- 1) Do you produce or process organic products for only one CCOF certified operation?

Yes No

- a) If no, Stop, do not complete this form.

If you supply organic products or services to multiple CCOF certified organic operations, or to operations that are not CCOF certified, the Contract Partner Program does not apply to you.

- 2) If yes, list the CCOF certified operation below:

CCOF Certified Operation Name ("other operation")	Contact Name	Product(s)/crops you produce or process

B. Contract Partner Agreement

- 1) Agreement to Authorize the Above Contact

By signing below you the service provider are authorizing your customer, the contact listed in A2 above, to receive your certification invoices and/or certification correspondence from CCOF. They may reply regarding your operation's certification on your behalf.

- a) I want the contact listed in A2 above to be the recipient of the following documents, in addition to myself:

All compliance correspondence from CCOF Only Suspension(s)/Revocation(s) Notices Invoices

- b) I authorize the contact listed in A2 above as the primary recipient of my certification invoices and/or certification correspondence, as identified below. They may reply regarding my operation's certification on my behalf. **I remain ultimately responsible for all parts of the Certification Contract and Agreement and the Certification Program Manual.** I understand my certification may be suspended or revoked if the contact I authorize does not respond to invoices and correspondence on my behalf.

Signature of this operation's owner or legally authorized corporate representative:

Name and Title	Signature	Date
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- 2) Agreement to be an Authorized Contact

Have your customer sign this section only.

- a) I, the representative of the CCOF certified operation listed in A2 above, agree to be an authorized contact for and recipient of this operation's certification invoices and correspondence as identified above, and respond on their behalf. My failure to respond may lead to the suspension or revocation of their organic certification.

Signature of other operation's owner or legally authorized corporate representative:

Name and Title	Signature	Date
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