



# CCOF

Advancing organic agriculture through certification, education, advocacy, and promotion.

## Surrender of Certification Form

- ▶ Complete this form if you no longer need certification for your **entire** operation or a **portion** of your operations such as a parcel, product, facility, etc. By surrendering the certification of your operation or portion of your operation, you are stating that you will **no longer represent it as organic** in any way.
- ▶ Find all forms at [www.ccof.org/documents](http://www.ccof.org/documents). Send completed forms to [inbox@ccof.org](mailto:inbox@ccof.org).

1) **Operation Name:** \_\_\_\_\_

2) **Effective Date:** \_\_\_\_\_

*\*Effective dates cannot be in the past. For effective dates in the future, your certification continues until the effective date. You are responsible for full compliance, including inspection, renewal, fee payments, etc while certified.*

3) Indicate the programs you are withdrawing from (e.g. NOP, COR, ISP, Food Safety, and/or Mexico Compliance Program):  
\_\_\_\_\_

4) What part of your operation do you no longer need certification for? Choose **one** only:

**Entire Operation**

**Entire Parcel**

Parcel Name or code: \_\_\_\_\_

Parcel Location: \_\_\_\_\_

**Portion of a Parcel**

A detailed map showing borders and acreage remaining in the program is attached.

Parcel Name/ code: \_\_\_\_\_

Parcel Location: \_\_\_\_\_

Acres withdrawn: \_\_\_\_\_ Acres remaining: \_\_\_\_\_

**Product(s)** - Describe which products, services, or brands you wish to withdraw. You may indicate which products you want to withdraw on your Client Profile and attach it.  
\_\_\_\_\_

**Facility** - Complete the [Equipment, Facility or Address Change Form](#) if you are moving to a new location. New locations require an additional inspection.

Facility address: \_\_\_\_\_

Products, services, or brands at this facility: \_\_\_\_\_

**Livestock** - List the species and herd size you wish to withdraw.  
\_\_\_\_\_

5) Reason certification is no longer needed?

Out of business    Certification costs    Paperwork    Deceased or ill

No longer producing organic crops, livestock or products

Prohibited material application, date:      M: \_\_\_\_\_      D: \_\_\_\_\_      Y: \_\_\_\_\_

Material(s) applied: \_\_\_\_\_

Certified by other certifier, which: \_\_\_\_\_

Unhappy with service, why: \_\_\_\_\_

Other, explain: \_\_\_\_\_

6) **Sign & Date** - Must be signed by an authorized contact of the operation.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date