Facility or Address Change Form

Complete this form to provide information about your new address or facility location. Changes to your address or facility location may require an update to your Organic System Plan and an additional inspection. Upon review of your update you will be charged a $200 add/change facility fee, if applicable, as described in the Certification Services Program Manual at www.ccof.org.

To ensure your operation maintains compliance and to help CCOF process your address or facility change, please indicate what kind of change has occurred at your operation, below:

1. Your Operation Name: ___________________________________________

2. Address of new location(s): _______________________________________

- [ ] I/We have **moved from a location** where I used to store, label, process or package organic products to a new location where I am storing, labeling, processing or packaging. **
- [ ] I/We have **added an additional location** that I own or lease, where organic products are stored, processed, or packaged. I am still using all locations inspected by CCOF last year. Instructions for adding a facility can be found at www.ccof.org.
- [ ] I/We have **closed or are no longer using a facility or location**. Please remove it from our Organic System Plan.
- [ ] My/Our address has changed because I have a **new billing location or office**. No organic storage, processing or packaging occurs there. All locations that were inspected last year are still a part of my Organic System Plan.
- [ ] Other: _______________________________________________________

3. Date you began using or plan to use this new location for organic production: ____________________________

   Products processed in locations prior to an inspection may not be sold as organic until a certification decision has been made by CCOF. ***

4. Tell us anything else about the change in your operation that might affect your compliance (new ownership, personnel, products, parcels, crops, equipment, processes, etc):

   ________________________________________________________________

   ________________________________________________________________

Authorized Contact Name _______________________________________
Title ___________________________________________________________

Authorized Contact Signature __________________________ Date

** New locations must be approved by CCOF before processing organic products
*** Allow 2-3 months for certification of new locations. Consider enrolling in our Expedited Services Program for faster review.