CCOF

Organic Certification Education & Outreach Political Advocacy 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 By surrendering the certification of your operation or portion of your operation, you are stating that you will **no longer represent it as organic** in any way.

For your convenience, an E-form version of this document is available online at http://www.ccof.org/documents.

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. 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Acres withdrawn: _____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 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.*

_____

4. Reason certification is no longer needed?

☐ Out of business

☐ No longer producing organic crops, livestock or products

☐ Prohibited material application, date: M _____ D _____ Y _____

Material(s) applied: _____

☐ Unhappy with service, why: _____

☐ Other, explain: _____

☐ Certification costs

☐ Deceased or ill

☐ Paperwork

☐ Certified by other certifier, which: _____

5. SIGN & DATE - *Must be signed by an authorized contact of the operation.*

Name _____ Signature _____ Date _____

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