



CCOF REGENERATIVE ORGANIC CERTIFIED[®]

PROGRAM CONTRACT

- ▶ The Regenerative Organic Certified[®] (ROC[™]) program encompasses three pillars: Soil Health, Animal Welfare, and Farmer and Worker Fairness, and includes three levels: Bronze, Silver and Gold. Details about the ROC[™] pillars and levels can be found in the governing documents located on the ROC[™] website [Resources](#) page.
 - ▶ CCOF offers the ROC[™] program to certified organic farms, ranches and farm groups located in the United States.
 - ▶ The Oversight and Scheme Management Body for the ROC[™] program, the Regenerative Organic Alliance (ROA), considers processors and handlers to be Supply Chain Actors (SCAs). SCAs do not obtain certification with CCOF but rather [license directly with the ROA](#). *Supply Chain Guidelines* can be found on the ROC[™] website [Resources](#) page.
 - ▶ ROA and CCOF work together to certify farms, ranches, and farm groups to the ROC[™] *Framework* (standards), ROC[™] Guidance, and other applicable ROC[™] governing documents, all of which are overseen and maintained by the ROA. These documents can be found on the ROA's website [Resources](#) page.
 - ▶ Please keep a copy of all documents submitted to CCOF for your records. **Complete and send the following to apply for this program:**
 - CCOF ROC[™] Program Contract (this 6-page form)
 - \$350 nonrefundable fee due with the application
 - ☐ My credit card information is on page 6 ☐ I have included another form of payment
 - ☐ Bill me (for existing CCOF clients only)
 - Upon receipt of your contract, CCOF will bill your operation a \$500 annual fee per each ROC[™] pillar (i.e., \$500 for soil health, animal welfare, and social fairness, totaling up to \$1500).
 - For additional fees, refer to the CCOF Certification Service Program Manual.
- Email to: inbox@ccof.org Or Mail to: CCOF, 877 Cedar Street, Suite 248, Santa Cruz, CA 95060**
- ▶ If you are certified organic with CCOF please provide your CCOF client code: _____

A. Operation Information

Public information about certified operations is made available at www.ccof.org/resources/member-directory/ and print directories released by CCOF CS. For a complete list of the information provided, please read the "Confidentiality and Public Information, & Data Reporting" chapter in the [CCOF Certification Services Program Manual](#).

- 1) Registered Legal Business Name: _____
Legal "Doing Business As" (DBA), if applicable: _____
Phone: _____ Website (optional): _____
- 2) Registered Legal Business Address:
Address: _____ City: _____
State/Province: _____ Zip/Postal Code: _____ Country: _____
- 3) Explain whether the DBA listed above appears in your audit trail records and under what circumstances, e.g., DBA is only used for certain products or markets, or for all products and markets. *DBA names can only be included on your organic certificate if you are operating the same certified legal business entity under a different name. Describe whether the DBA is registered at the state or local level.*
☐ Description attached

- 4) Legal Information:
Federal Tax ID#: _____
☐ Sole Proprietorship. Owner's Name: _____
☐ Partnership. Owner's Names: _____
☐ Corporation -OR- ☐ LLC. State of incorporation: _____
Name of owners, or officers and their titles: _____





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5) Physical Location of Your Operation.

Where OCal production or handling occurs, or where records are kept (for importer/broker/trader/private label owners) Your physical location will be inspected and will be listed on your OCal certificate. If you do not occupy, lease or own this location, you are responsible for ensuring that CCOF, CDFA, or CDPH can access the location during an unannounced inspection.:

☐ Identical to registered legal business address above.

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

6) Mailing Address if different:

State/Province: _____ Zip/Postal Code: _____ Country: _____

7) Billing Address if different:

State/Province: _____ Zip/Postal Code: _____ Country: _____

B. Contact Information

1) Primary ROC[™] Contact

Please designate one person as primary contact. This person will be listed in the CCOF online directory. This person should be knowledgeable of your operation, your Regenerative Organic System Plan (ROSP), your operation's activities, applicable ROC[™] standards, and have the authority to act on behalf of the company. All communication will be sent to this contact.

Name: _____ Title: _____

Phone: _____ Email: _____

Preferred method of written communication: ☐ Email ☐ Postal Mail

2) Additional ROC[™] Contacts

Please list all people at your operation authorized to conduct inspections, meet with inspectors, modify the ROSP, or otherwise act on behalf of the operation. Check the CC box for contacts that should receive all ROC[™] communication along with the primary contact listed above. Attach an additional list if necessary.

CC: ☐

Name/Title	Phone number	Email
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CC: ☐

Name/Title	Phone number	Email
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C. Certification Program Information

1) Is your operation certified organic with CCOF?

☐ Yes. Skip to section B2 ☐ No. Complete this section.

a) Provide the name of your organic certification body: _____

b) Attach a copy of your current OSP Materials List: ☐ OSP Materials List Attached

c) Attach a letter of good standing from your organic certifier that includes the following information:

- Verification that your operation is certified organic, noting the date of your last issued NOP certificate.
- A list of open Noncompliance issues (or equivalent compliance report).
- A list of all certified organic parcels and their corresponding acreage (or equivalent certificate/addendum).

☐ Certifier Letter Attached

2) Is your operation transferring from another ROC[™] certification body?

☐ No. Skip to section C

☐ Yes. Complete this section.





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- a) Provide the name of the certification body: _____
- b) Attach a letter of current certification and auditing status from your prior CB confirming that all non-compliance and contract conditions have been addressed:
☐ Letter Attached
- c) Confirm that you notified your prior CB and the ROA in writing about your intention to transfer your ROC™ certification to CCOF:
☐ I have notified my prior CB and the ROA in writing about this change.
- d) Confirm your understanding that you will maintain your ROC™ certification status with your prior CB until the certification process with CCOF is complete and you have received a ROC™ certification decision from CCOF:
I confirm my understanding of this requirement.





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D. Farm Worker Information

Farm worker interviews are an essential component of the ROC[™] social pillar audit. Workers must be on site at the time of audit for interviews to occur. A CCOF-provided translator will accompany the CCOF auditor when needed.

- 1) Permanent workers:
 - a) Specify the time of year when permanent workers will be on-site: _____
 - b) If any permanent workers do not speak English, what is their primary language? _____
- 2) Temporary workers:
 - a) Specify the time of year when temporary workers will be on-site: _____
 - b) If any temporary workers do not speak English, what is their primary language? _____

E. Social Compliance Risk

The ROA requires that CCOF assess the social compliance risk of each operation. Please indicate whether any of the following applies to your operation. Your operation will be considered high risk for the Farmer and Worker Fairness pillar if you answer yes to any of the questions below.

- 1) Does your operation hire workers using more than two hiring approaches (e.g. direct-hire, contract labor, labor recruiter, seasonal agriculture worker programs, etc.)?
☐ Yes ☐ No
- 2) Does your operation hire young workers under the age of 18 years (including migrant workers and those residing on the farm)?
☐ Yes ☐ No
- 3) Are there more than ten workers on-site for more than a ten days within a calendar year (consecutive or not)?
☐ Yes ☐ No

F. Certification Timeline

Certification for the CCOF ROC[™] program typically requires up to 16 weeks from the date that CCOF receives this contract to the date that we issue a certification recommendation to the ROA. This timeline can be longer if your ROSP is incomplete. We will do our best to meet your desired timelines; however, we generally recommend that you begin the certification process at least 120 days prior to the launch of your ROC[™] line or publicly announcing your certification. We work to combine ROC[™] audits with other CCOF program inspections whenever possible. Although this is the norm for annual audits, it may not be feasible for your first ROC[™] audit with CCOF. If combining the initial audit is feasible, please note that this may prolong the initial certification timeline for the ROC[™] program.

- 1) ☐ I prefer combining the initial ROC[™] audit with another CCOF Program inspection.
☐ I prefer the ROC[™] audit occurs as soon as possible.
 - a) Estimated date by which you need certification: Month/Day/Year: _____

F. Certification Contract and Agreement

- **The following must be signed by a legally authorized representative of the operation assigned by ROA to CCOF CS (CCOF) for certification.**

By signing this document, the operation acknowledges that it has received, has read, fully understands, and agrees to be bound by the CCOF Certification Services (CS) Program Manual and agrees to:

- 1) This operation will receive services from both ROA and CCOF, and agrees to work with each entity as follows:
 - a) Work with the ROA during the initial application review.
 - b) Pay all ROC[™] program fees to the ROA outlined in the Cost and Fee Structure available on the ROA's website Resources page.
 - c) Work with the ROA on any certification related questions or issues prior to assignment to CCOF.
 - d) Work with the ROA during their review of CCOF's certification decision.
 - e) Receive your ROC[™] Certificate from ROA.
 - f) Work with CCOF on any certification related questions or issues after being assigned to CCOF as a certification body.
 - g) Pay the annual program fee per pillar outlined in the CCOF CS Certification Program Manual to CCOF.
 - h) Work with CCOF during the pre-audit review.
 - i) Undergo an annual audit with CCOF, as well as additional audits deemed necessary throughout the certification cycle.
 - j) Work with CCOF during the post-audit review.

Operation Name: _____ **Date:** _____





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- k) Work with CCOF throughout the issuance and resolution of any certification conditions.
- l) Receive a certification recommendation from CCOF.
- 2) Comply with all governing documents on the ROA [Resources](#) Page.
- 3) Allow CCOF to share with ROA the information collected during provision for certification services rendered and as required for annual reporting.
- 4) Allow ROA observers on-site during audits.
- 5) Immediately disclose any changes that would affect certification, including location, process, or management changes.
- 6) If transferring to another certification body, to disclose previous certification body enrollment and provide a copy of the latest audit report or audit findings and corrective actions.
- 7) Respond to CCOF within all timelines outlined in the governing documents available on the ROA's [Resources](#) page.
- 8) Comply with and strictly adhere to all CCOF standards, procedures and policies described in the CCOF CS Program Manual, including but not limited to the following:
 - a) Establishing, implementing, and updating annually a Regenerative Organic System Plan that will be submitted to CCOF.
 - b) Permitting on-site inspections with complete access to the production or handling aspects of the operation, including non-certified production areas, structures, or offices by CCOF. These inspections may be announced or unannounced at the discretion of CCOF or as required by an accreditation authority, government entity with jurisdiction, or other governing body.
 - c) Maintaining all records applicable to the ROC™ operation for not less than five (5) years beyond their creation. Records of the quantity of the raw materials received, used for processing, and processing final ROC™ product are maintained for the last 3 years.
 - d) Allowing authorized representatives of CCOF, an accreditation authority, government entity with jurisdiction, or other governing body access to these records under normal business hours for review and copying to determine compliance with the applicable standards, regulations or governing law.
 - e) Understanding CCOF may use subcontractors for inspecting, testing and other technical services, as necessary.
 - f) Submitting to CCOF any applicable fees as described on the most current fee schedule.
 - g) Immediately notifying CCOF concerning any application, including drift, of a prohibited substance to any field, production unit, site, facility, livestock, or product that is part of an operation.
 - h) Immediately notifying CCOF of any change in your certified operation or portion of it that may affect its compliance with the applicable standards, regulations or governing law.
 - i) Using the CCOF name and seal(s) only in accordance with CCOF standards and ceasing all use of CCOF's name and seal upon notice by CCOF. Any use of CCOF's names or marks, without the express consent of CCOF, is strictly prohibited and constitutes an infringement of CCOF's rights. CCOF shall be entitled to its reasonable attorney's fees and costs incurred in bringing any civil action, arbitration, or mediation to enforce its rights to its names or marks.
 - j) Destroying or returning to CCOF all packaging and certificate(s) upon notice from CCOF.
 - k) Understanding that the use of the CCOF name and seal must be in accordance with the CCOF standards.
 - l) Authorizing CCOF to list certified parcel crops, products, services, and acreage on my certificate and in the CCOF Directory.
 - m) Immediately ceasing all claims of CCOF certification associated with this operation, and destroying or returning all certificates, labeling, and marketing material containing reference to CCOF in the event that this operation withdraws, or its certification is suspended or revoked.
 - n) Agreeing to be legally bound by the terms of the paragraphs entitled "Consent to Electronic Transmission", "Governing Law", "Consent to Jurisdiction", "Indemnification" and "Limit of Liability" as described in the CCOF Certification Program Manual.
 - o) Agreeing to be legally bound by the "Standards of Behavior" detailed in the CCOF Certification Program Manual.

I, the owner, or legally authorized corporate representative, acknowledge the above General Requirements for CCOF ROC™ and understand that any willful misrepresentation may be cause for withdrawal of certification. I authorize the person(s) listed above to act on behalf of my company in establishing or maintaining ROC™. I attest that all information in this application is true and accurate to the best of my knowledge:

Name/Title

Signature

Date





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Operation Name: _____ Date: _____

A. Credit Card Payment Information

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Amex			Amount: \$
Credit Card Billing Address:			
City:		State:	Zip code:
Name on Card:	Email:	Phone Number:	
Credit Card Number:			
Expiration Date (mm/yy): /		Security Number (The three-digit code on the back of your card. For Amex, this is the four digits on the front):	
CCOF applies a 3% surcharge to each credit card transaction. No additional surcharge is applied to debit card transactions.			
Signature:			

B. 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 CCOF promote your unique operation.

☐ Do not include my operation in the online directory.

1) Online Presence:

☐ Facebook: _____	☐ LinkedIn: _____
☐ Instagram: _____	☐ Pinterest: _____
☐ X (formerly Twitter): _____	☐ Youtube: _____

2) Sales Methods:

☐ Copacking Services (CS): _____

☐ Ingredients (Ing): _____

☐ Internet (WWW): _____

☐ Retail (R): _____

☐ Wholesale (WS): _____

3) Apprenticeship Options:

☐ Apprenticeship Offered: _____

Terms: ☐ Board ☐ Internships ☐ Wage ☐ Other: _____

4) Company Statement (Promotional/sales/informational or public statement about your company):

C. Additional Service Opportunities (optional)

Check any additional services you may be interested in and a CCOF representative or partner organization will contact you.

☐ USDA National Organic Program (NOP)

☐ Food Safety Services for farms

☐ Food Safety Services for processing

☐ Food Safety training

☐ Other: _____

