



# CCOF ABRIDGED CERTIFICATION CONTRACT

- ▶ Use this form to transfer your operation to independent certification with CCOF. **This form is only applicable to operations/facilities/parcels for whom Organic Systems Plans are already on file and who have been previously inspected and approved as part of another CCOF operation’s organic certification.**
- ▶ Please keep a copy of all documents submitted to CCOF for your records.
- ▶ CCOF will provide you a MyCCOF login to access your organic system plan already on file. You may also request a printed copy at any time. You are responsible for ensuring that the OSP on file is an accurate reflection of your practices, and for notifying CCOF of changes to your operation that may affect compliance.
- ▶ Find all forms at [www.ccof.org/documents](http://www.ccof.org/documents). Send completed forms to [inbox@ccof.org](mailto:inbox@ccof.org).
- ▶ **Complete and send the following to apply for independent certification:**
  - CCOF Abridged Certification Contract (this 6-page form)
  - \$450 combined application and certification fee
    - Non-refundable and due with application
      - My credit card information is on page 6     I have included another form of payment
      - I have a discount code: \_\_\_\_\_

Email to: [inbox@ccof.org](mailto:inbox@ccof.org) Or mail to: CCOF, 2155 Delaware Ave., Suite 150, Santa Cruz, CA 95060

## A. Company Information

- 1) Business Name: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_
- 2) Business 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: \_\_\_\_\_
- 3) Physical Location of Your Operation.  
*Where organic production occurs, or records are kept (for broker/trader/private label owners). Your physical location will be inspected and will be listed on your organic certificate:*  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_
- 4) Mailing Address *if different:*  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_
- 5) Billing Address *if different:*  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_
- 6) Preferred language for communication:  English     Spanish (most CCOF forms & materials available in Spanish)
- 7) Preferred written communication method:  Email     Postal Mail



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## B. Organic Operation Summary

1) My operation is inspected and approved as a part of:

Name of CCOF operation: \_\_\_\_\_

CCOF client code: \_\_\_\_\_

2) Help us understand your organic operation. Describe or attach a summary description of your organic business or plans. Check the applicable scopes listed below and include that information in your description.  Description attached

I am a (check all that apply):  Grower  Handler  Livestock producer

3) How frequently do you review your entire Organic System Plan to verify it is effectively implemented, and ensure it accurately reflects all your practices and procedures?

*Per 7 CFR §205.201(a)(3), applicants shall provide CCOF with an adequate response to this question.*

Annually  Quarterly  Monthly

Other (describe): \_\_\_\_\_

## C. Contact Information

### 1) Primary Contact

Please designate one person in your operation to be CCOF's Primary Contact. This person will be listed in the CCOF online directory and in the National Organic Program Organic Integrity Database (OID). This person should be knowledgeable of your operation, your Organic System Plan, your operation's activities, applicable organic standards, and have the authority to act on behalf of the company. **All communication will be sent to this contact.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email(s): \_\_\_\_\_

### 2) Additional Contacts

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

\_\_\_\_\_ CC:

Name/Title Phone number Email

\_\_\_\_\_ CC:

Name/Title Phone number Email

\_\_\_\_\_ CC:

Name/Title Phone number Email

## D. Certification Program Information

1) Which organic standards are you applying to be certified to? Check all that apply:

*For more information about CCOF certification programs, or to determine which program(s) you need, visit [www.ccof.org/standards](http://www.ccof.org/standards) to review the CCOF Certification Services Program Manual or contact us by phone or email.*

**USDA National Organic Program (NOP) Compliance**

Base program for operations in the US or Mexico. Farm operations converting to organic production with intention to be certified under the NOP will be reviewed for transitional certification.

Complete the Organic System Plan.

**Canadian Organic Regime Compliance**

Base program for operations in Canada only. Complete the COR Organic System Plan.



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**CCOF Global Market Access Program:**

Export verification for:

US to Canada, the EU/UK, Japan, Korea, Switzerland, and Taiwan; Mexico to Canada; Canada to the US, the EU/UK, Japan, Switzerland, and Taiwan. Complete the [GMA application](#).

**CCOF Mexico Compliance Program**

Required for operations in Mexico; export verification for shipments to Mexico. Complete the [Mexico Compliance Program application](#).

2) Does this operation produce or handle:

Both organic and nonorganic product(s)    Organic product(s) only    Organic and transitional product(s)

3) Please indicate any markets you export or plan to export to, directly or indirectly (as an ingredient or through brokers/traders etc.).

Canada    Europe/UK    Japan    Korea    Taiwan    Switzerland    Mexico

Other: \_\_\_\_\_

4) When do you anticipate the need for certification? \_\_\_\_\_

*The certification process could take 12 weeks or longer. If you need a shorter timeline you can enroll in the [Expedited Certification Service](#).*

5) Is this operation currently certified organic by another certifier?

No    Yes, attach certificate and completed [Certification Transfer Form](#)

6) Has this operation or any responsibly connected person with this operation ever applied for, or been granted, organic certification?

*NOP 205.2 "Responsibly connected" - Any person who is a partner, officer, director, holder, manager, or owner of 10 percent or more of the voting stock of an applicant or a recipient of certification or accreditation.*

No. Skip to section E.    Yes. Complete this section and provide name of certifier: \_\_\_\_\_

a) Was the operation or any responsibly connected person with this operation's certification or the certification of fields or products ever suspended or revoked?

Yes    No

b) Did you surrender your certification with outstanding non-compliances or conditions?

Yes    No

c) Was your application for organic certification ever issued a denial?

Yes    No

d) Did you withdraw your application for certification with outstanding non-compliances?

Yes    No

7) If you answered yes to a, b, c, or d above, please list the years and agencies, attach a copy of all relevant letter(s) and a description of all corrective actions:

Year(s): \_\_\_\_\_  Letters Attached

Corrective actions taken: \_\_\_\_\_

**E. California Organic Registration**    Not applicable, not based in California    Not applicable, retail or restaurant

Operations engaged in production of organic products in California must register with the state prior to the first sale. Visit the CDFA Organic Program webpage or contact your local County Agricultural Commissioner for more information if you produce organic crops, livestock, or process meat, fowl, or dairy products. Contact the Department of Health Services if you process or handle any other organic products. [California Organic Products Act of 2003].

1) California Organic Program Registration number (grower and post harvest handling). *Example: 12-123456:*

2) Department of Health Services Organic Registration number (processing). *Example: 12345:*



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## F. Annual Certification Fee

CCOF will estimate and invoice your certification fee based on the information provided below and collected at your initial and subsequent inspections. Please refer to the [CCOF Certification Services Program Manual](#) for fee information. **If you do not provide the information requested below, you cannot move forward in the certification process and your inspection will be delayed.** Certification fees must be paid prior to issuance of certification. Enter your credit card information on page 4 or attach another form of payment.

1) **All Operations:** Current or expected total value of certified organic production/sales/services (gross, next 12 months)

a) **Farm and Livestock operations:** Current or expected cost of certified organic product purchased, such as seed, feed, transplants (next 12 months) and service fees charged by certified organic co-processors, custom grazing, etc. This will be subtracted from the amount in line 1 to determine your annual certification fee.

b) **Handlers/processors/private labelers and other non-farm businesses:** Current or expected cost of certified organic ingredients/products purchased (next 12 months) and service fees charged by certified organic co-processors. This will be subtracted from the amount in line 1 to determine your annual certification fee.

c) **Retail and Restaurant operations:** Current or expected number of stores (next 12 months).

## G. Parcel Transfer (Growers Only)

Not applicable, no growing activities/parcels.

1) **Identification of Parcel(s):** Attach the current CCOF Client Profile of the CCOF operation your parcel(s) are currently part of. Highlight or circle the specific parcel(s) your operation manages. Also attach a map clearly showing the location and boundaries of the parcel(s).

**Current Client Profile Attached**

**Current Map Attached.** If acreage on map does not match what is listed on the Client Profile, please explain:

2) **Crops:** List crop(s) to be grown, with specific acreage of each crop:

3) **Transfer Authorization:** An authorized representative of the CCOF operation your parcel(s) are currently part of must sign below. I authorize the transfer of the parcel(s) identified above to the CCOF certification of the company named in part A of this form, and attest that no prohibited materials (as defined under NOP regulations) have been applied to the parcel(s).

Name/Title

Signature

Date

## H. CCOF Organic System Plan

Upon review of your application CCOF may request that you complete and send in sections of the CCOF Organic System Plan (OSP) to finalize your certification. You may need to either complete additional OSP forms or retire OSP forms if your activities change in the future. Please review the Organic System Plan (OSP) Guides applicable to your operation, and familiarize yourself with the section of the CCOF OSP that may apply to your operation:

- [Guide to Grower OSP Forms](#)
- [Guide to Livestock Producer OSP Forms](#)
- [Guide to Handler OSP Forms](#)



# CCOF ABRIDGED CERTIFICATION CONTRACT

Operation Name: \_\_\_\_\_ Date: \_\_\_\_\_

## I. Certification Contract and Agreement

► The following must be signed by a legally authorized representative of any operation by all applicants for certification by CCOF CS (CCOF).

By signing this document, the applicant acknowledges that it has received, has read, fully understands, and agrees to be bound by the terms of the CCOF CS Certification Manuals and further agrees to:

- 1) For operations and any responsibly connected person seeking NOP certification: Comply with all State and applicable organic production and handling regulations as described in rules issued by the United States Department of Agriculture Agricultural Marketing Service (including those regulations in 7 CFR Part 205 and the NOP Handbook as published on the USDA AMS NOP website).
- 2) For operations seeking COR certification: Comply with all Province and applicable organic production and handling regulations as described in rules issued by the Canada Food Inspection Agency
- 3) For operations seeking CCOF GMA or International Standard certification: Comply with the requirements set forth in the CCOF GMA or International Standard Certification Manual, respectively.
- 4) For all operations: Comply with and strictly adhere to all CCOF standards, procedures and policies set forth in the CCOF Manuals including but not limited to the following:
  - a) Establishing, implementing, and updating annually an Organic System Plan that will be submitted to CCOF.
  - b) Permitting on-site inspections at least once per calendar year 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 organic operation for not less than five (5) years beyond their creation.
  - 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.

I, the owner or legally authorized corporate representative, acknowledge the above General Requirements for CCOF certification and understand that any willful misrepresentation may be cause for denial of an application and sanctioning of certification. I authorize the person(s) listed above to act on behalf of my company in establishing or maintaining organic certification. 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: \_\_\_\_\_

## J. Credit Card Payment Information

Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex		Amount: \$
Credit Card Billing Address:		
City:	State:	Zip code:
Name on Card:		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):
Signature:		

## K. 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.

- Online Presence:
  - Facebook: \_\_\_\_\_  LinkedIn: \_\_\_\_\_
  - Instagram: \_\_\_\_\_  Pinterest: \_\_\_\_\_
  - Twitter: \_\_\_\_\_  Youtube: \_\_\_\_\_
- Sales Methods:
  - Community Supported Agriculture (CSA): \_\_\_\_\_
  - Copacking Services (CS): \_\_\_\_\_
  - Export (EX): \_\_\_\_\_
  - Farmer's Market (FM): \_\_\_\_\_
  - Ingredients (Ing): \_\_\_\_\_
  - Internet (WWW): \_\_\_\_\_
  - Produce Stand (PS): \_\_\_\_\_
  - Retail (R): \_\_\_\_\_
  - Tasting Room/Winery: \_\_\_\_\_
  - U-Pick (UP): \_\_\_\_\_
  - Wholesale (WS): \_\_\_\_\_
- Apprenticeship Options:
  - Apprenticeship Offered: \_\_\_\_\_
  - Terms:  Board  Internships  Wage  Other: \_\_\_\_\_
- Company Statement (Promotional/sales/informational or public statement about your company):  
\_\_\_\_\_

## L. Additional Service Opportunities (optional)

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

- GLOBALG.A.P  PrimusGFS  Regenerative Organic Certified (ROC)
- OCal Cannabis Certification (CA operations only)  OPT Grass-Fed Program
- Other: \_\_\_\_\_