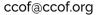


- ► CCOF recommends beginning the application process with sufficient time before certification is required to allow for the necessary inspection and review process. While in some cases certification can be provided in a very short time frame, providing up to twelve weeks is recommended. Expedited services are available.
- ▶ Please keep a copy of all documents submitted to CCOF for your records.
- ► See www.ccof.org/documents. Find all forms at www.ccof.org/documents.
- ► Complete and send the following to apply for certification:
 - CCOF Certification Contract (this 5-page form)
 - Organic System Plan (OSP) forms and attachments
 - o Carefully review the Organic System Plan (OSP) Guides applicable to your operation, and complete all forms indicated:
 - Guide to Grower OSP Forms
 - Guide to Livestock Producer OSP Forms

	 Guide to Handler 	<u>OSP Forms</u>			
	\$350 Application fee				
	Non-refundable and du My gradit gard infor	• •	other form of payment		
	☐ My credit card information is on page 5☐ I have included another form of payment☐ I have a discount code:				
	_	Mail to: CCOF, 877 Cedar Street, Suite 24	8 Santa Cruz CA 95060		
			o, Junta 1742, 34 30000		
>	How did you hear about CCOF?	·			
۹.	Company Information				
l)	Business Name:				
	DBA:				
	Website:				
		Ext:	Fax:		
2)	Business Information:				
	Federal Tax ID#:				
	Sole Proprietorship. Owner's Name:				
	☐ Partnership. Owner's Names	:			
	☐ Corporation –OR– ☐ LLC.				
	Name of owners, or officers	and their titles:			
3)	Physical Location of Your Opera	ation.			
	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:		
l)	Mailing Address if different:				
	Address:		City:		
	State/Province:	Zip/Postal Code:	Country:		
	Billing Address if different:				
5)			City:		
5)	Address:		City:		

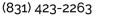
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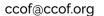


B. Organic Operation Summary

 Help us understand your organic operation. Describe or attach a summary description of your organic business or plans. <i>Your full details will be on the complete Organic System Plan you submit.</i> □ Description attached 				usiness or plans.			
2)	all your practices and procedures?	entire Organic System Plan to verify it is	•	d ensure it accurately reflects			
	☐ Annually ☐ Quarterly ☐ Mor	nthly					
	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 Inform	nation					
1)	Which organic standards are you ap	Which organic standards are you applying to be certified to? Check all that apply:					
,	to review the CCOF Certification Sei	ertification programs, or to determine where the state of		isit <u>www.ccof.org/standards</u>			
	☐ 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 Pl	an.					
	☐ Canadian Organic Regime Compliance						
	Base program for operations in Canada only. Complete the COR Organic System Plan.						
	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						
	application.	o; export verification for shipments to Mo	exico. Complete the Mexico	Compliance Program			
2)	Does this operation produce or hand		- .				
	☐ Both organic and nonorganic pro	duct(s)	」 Organic and transitional p	product(s)			

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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)	Ву	By what date do you anticipate the need for certification?					
		e certification process could take 12 weeks or longer. If you need a shorter timeline you can enroll in rvice.	the Expe	dited Certification			
5)		his operation currently certified organic?					
		No Yes, attach certificate and completed Certification Transfer Form.					
6)	NO	s this operation or any responsibly connected person with this operation ever applied for, or been gra P 205.2 "Responsibly connected" - Any person who is a partner, officer, director, holder, manager, re of the voting stock of an applicant or a recipient of certification or accreditation.					
		No. Skip to section E.					
	a)	Was the operation's 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:					
	Yea	ar(s):		Letters Attached			
	Coi	rrective actions taken:					
live	stocl duct	Program webpage or contact your local County Agricultural Commissioner for more information if you k, or process meat, fowl, or dairy products. Contact the Department of Health Services if you process. [California Organic Products Act of 2003]. ifornia Organic Program Registration number (grower and post harvest handling). Example: 12-1234	s or hand				
2)	Dep	partment of Health Services Organic Registration number (processing). Example: 12345:					
F.	 An	nual Certification Fee					
insp info Cer	oection orma tifica men	will estimate and invoice your certification fee based on the information provided below and collected ons. Please refer to the CCOF Certification Services Program Manual for fee information. If you cation requested below, you cannot move forward in the certification process and your inspectation fees must be paid prior to issuance of certification. Enter your credit card information on part. Operations: Current or expected total value of certified organic production/sales/services (gross, new contraction).	do not pr tion will b ige 4 or a	ovide the be delayed. Itach another form of			
	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).					

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ccof@ccof.org

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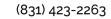
Op	erat	ion name: Date:	
G. ▶	The	rtification Contract and Agreement of following must be signed by a legally authorized representative of an operation and by all applicants for certification by OF CS (CCOF).	
		signing this document, the applicant acknowledges that it has received, has read, fully understands, and agrees to be und by the terms of the CCOF CS Certification Manuals and further agrees to:	
1)	pro Ma	operations and any responsibly connected person seeking NOP certification: Comply with all State and applicable organic duction and handling regulations as described in rules issued by the United States Department of Agriculture Agricultural rketing Service (including those regulations in 7 CFR Part 205 and the NOP Handbook as published on the USDA AMS NOP osite).	
2)		operations seeking COR certification: Comply with all Province and applicable organic production and handling regulations as cribed in rules issued by the Canada Food Inspection Agency	
3)		operations seeking CCOF GMA or International Standard certification: Comply with the requirements set forth in the CCOF GMA nternational Standard Certification Manual, respectively.	
4)		all operations: Comply with and strictly adhere to all CCOF standards, procedures and policies set forth in the CCOF Manuals uding 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.	
	I)	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:			
Na	me/T	itle Signature Date	

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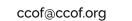






H. Credit Card Payment Information Type of Credit Card: Visa Master Card Amex Amount. \$	Op	eration Name:		Date:			
Credit Card Billing Address: City: State: Zip code: Name on Card: Phone Number: Credit Card Number: Expiration Date (mm/yy): / Security Number (The three-digit code on the back of your card. For Amex, this is the four digits on the front): CCOF applies a 3% surcharge to each credit card transaction. No additional surcharge is applied to debit card transactions. Signature: I. 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:	н.	Credit Card Payment Information					
City: State: Zip code: Name on Card: Phone Number: Expiration Date (mm/yy): / Security Number (The three-digit code on the back of your card. For Arnex, 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: I. 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. 1) Online Presence: Facebook:	Ty	ype of Credit Card: 🗌 Visa 🔲 Master Card 🔲 Amex		Amount: \$			
Name on Card:	Cı	redit Card Billing Address:					
Credit Card Number: Expiration Date (mm/yy):	Ci	ity: State:		Zip code:			
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: I. 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 CCOP promote your unique operation. 1 Online Presence: Linkedin: Printerest: Printerest: Printerest: Printerest: Productions of the printerest: Printeres	Na	ame on Card:		Phone Number:			
Expirit (Pill) For Amex, this is the four digits on the front):	Cı	redit Card Number:					
CCOF applies a 3% surcharge to each credit card transaction. No additional surcharge is applied to debit card transactions. Signature: Public Profile Information (optional)	E	xpiration Date (mm/yy): /					
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:	С	COF applies a 3% surcharge to each credit card transaction. No a		· · · · · · · · · · · · · · · · · · ·			
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. 1) Online Presence: Facebook:	Si	ignature:					
Instagram		Use these options to describe your operation. This information wipromote your unique operation. Online Presence:	_				
□ Twitter □ Youtube: 2) Sales Methods: □ Community Supported Agriculture (CSA): □ Copacking Services (CS): □ Export (EX): □ Export (EX): □ Farmer's Market (FM): □ Ingredients (Ing): □ Internet (WWW): □ Produce Stand (PS): □ Retail (R): □ Tasting Room/Winery: □ U-Pick (UP): □ Wholesale (WS): 3) Apprenticeship Options: □ Apprenticeship Offered: Terms: □ Board □ Internships □ Wage □ Company Statement (Promotional/sales/informational or public statement about your company): J. 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) □ OPT Grass-Fed Program □ OCal Cannabis Certification (CA operations only) □ Other:		_	— □ Pir	nterest:			
□ 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): 3) Apprenticeship Options: □ Apprenticeship Offered: Terms: □ Board □ Internships □ Wage □ Other: 4) Company Statement (Promotional/sales/informational or public statement about your company): 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) □ OPT Grass-Fed Program □ OCal Cannabis Certification (CA operations only) □ Other:		_	— □ Yo	outube:			
J. 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) OPT Grass-Fed Program OCal Cannabis Certification (CA operations only) Other:		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:					
	,	Additional Service Opportunities (optional) Check any additional services you may be interested in and a CO	COF repre	esentative or partner organization will contact you.			
		☐ OCal Cannabis Certification (CA operations only) ☐ Other:					

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