



CONTRACTED PARTNER PROGRAM APPLICATION

Find all forms at www.ccof.org/documents. Send completed forms to inbox@ccof.org.

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Contracted Operation Name: _____ Date _____

- Submit this form with your initial application if you are a contracted operation who wants another CCOF certified operation to participate in the management of your certification.

A. Scope of Processing Services

- 1) List the CCOF certified operation **contracting** your operation, below:

CCOF Certified Operation Contracting Your Operation ("other operation")	Contact Name	Product(s)/crops you produce or process

B. Contract Partner Agreement

- 1) **Agreement to Authorize the Above Contact**

By signing below you are authorizing the contact listed in A above to receive your certification invoices and/or certification correspondence from CCOF. They may reply regarding your operation's certification on your behalf.

- a) I want the contact listed in A above to be the recipient of the following documents, in addition to myself:
☐ All compliance correspondence from CCOF ☐ Only Suspension(s)/Revocation(s) Notices ☐ Invoices

List specific details of your Agreement (e.g. Contracting Operations only paying my application fee):

- b) I authorize the contact listed in A above as the primary recipient of my certification invoices and/or certification correspondence, as identified above. They may reply regarding my operation's certification on my behalf. **I remain ultimately responsible for all parts of the Certification Contract and Agreement and the Certification Program Manual.** I understand my certification may be suspended or revoked if the contact I authorize does not respond to invoices and correspondence on my behalf.

Signature of this operation's owner or legally authorized corporate representative:

Name and Title	Signature	Date
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- 2) **Agreement to be an Authorized Contact**

Have your customer sign this section only.

- a) I, the representative of the CCOF certified operation listed in A above, agree to be an authorized contact for and recipient of this operation's certification invoices and/or correspondence as identified above, and respond on their behalf. My failure to respond may lead to the suspension or revocation of their organic certification.

Signature of other operation's owner or legally authorized corporate representative:

Name and Title	Signature	Date
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