



CCOF COR COMPLIANCE CERTIFICATION CONTRACT

- ▶ **CCOF Canadian Organic Regime (COR) Compliance Program is ONLY for operations located in Canada**
- ▶ Please see the [CCOF COR Compliance Program Manual](#) for information about who should enroll in this program and the requirements.
- ▶ Please keep a copy of all documents submitted to CCOF for your records.
- ▶ See www.ccof.org/faq or contact us with questions. Find all forms at www.ccof.org/resources/resource-library.
- ▶ **Complete and send the following to apply for certification:**
 - CCOF COR Compliance Program Certification Contract (this 5-page form)
 - Organic System Plan (OSP) forms and attachments
 - Carefully review the Organic System Plan (OSP) Guide and complete all forms indicated:
 - [Guide to COR Handler OSP Forms](#)
 - \$350 nonrefundable fee due with application
 - ☐ My credit card information is on page 5 ☐ I have included another form of payment
 - ☐ I have a discount code: _____

Email to: inbox@ccof.org Or Mail to: CCOF, 877 Cedar Street, Suite 248, Santa Cruz, CA 95060

- ▶ How did you hear about CCOF? _____

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 organic production occurs, or records are kept (for importer/broker/trader/private label owners). Your physical location will be inspected and will be listed on your organic certificate. If you do not occupy, lease, or own this location, you are responsible for ensuring that CCOF 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*:

Address: _____ City: _____

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

7) Billing Address *if different*:

Address: _____ City: _____

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

8) Preferred method of written communication: ☐ Email ☐ Postal Mail

B. Organic Operation Summary

Help us understand your organic operation. Describe or attach a summary description of your organic business or plans.

Your full details will be on the complete Organic System Plan you submit.

☐ Description attached

C. Contact Information

1) Primary 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 Organic System Plan, your operation's activities, applicable organic standards, and have the authority to act on behalf of the operation. **All communication will be sent to this contact.**

Name: _____ Title: _____

Phone: _____ Email: _____

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 operation. 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) What types of products does this operation process, handle, or sell? Check one:

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

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

☐ USA ☐ EU ☐ UK ☐ Japan ☐ Taiwan ☐ Switzerland ☐ Mexico ☐ South Korea ☐ Other: _____





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- 3) By what date do you anticipate the need for certification? Month/Day/Year:
The certification process could take 12 weeks or longer. If you need a shorter timeline you can enroll in the [Expedited Certification Service](#).
- 4) Is your operation currently certified organic?
☐ No ☐ Yes, provide name of certifier: _____
- 5) Has this operation ever previously applied for, or been granted, organic certification
☐ No. Skip to section E. ☐ Yes. Complete this section and provide name of certifier: _____
- a) Was the operation's certification ever suspended or cancelled? ☐ Yes ☐ No
- b) Did the operation surrender certification with outstanding non-compliances? ☐ Yes ☐ No
- c) Did the operation withdraw its application for certification with outstanding non-compliances? ☐ Yes ☐ No
- 6) If you answered yes to a, b, or c above, please list the years and organic certification agencies, attach a copy of all relevant letter(s) and a description of all corrective actions:
Year(s): _____ ☐ Letters Attached
Corrective actions taken: _____

E. Annual Certification Fee

CCOF will estimate and invoice your certification fee based on the information provided below and collected at the 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.** Certification fees are confirmed upon application acceptance and may change.

- 1) What is your current or expected total value of certified organic production/sales/services (gross, next 12 months):

- a) **If you are a Handler, Processor, Private Label Brand Owner, Broker, Importer or other non-farm business:** What is your 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.

- b) **If you are a Retail or Restaurant operation:** What is your current or expected number of stores (next 12 months).





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Operation Name: _____ Date: _____

F. Certification Contract and Agreement

► The following must be signed by a legally authorized representative of an operation and 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 CCOF CS Certification Manuals and 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: Comply** with the requirements set forth in the CCOF GMA Manual.
- 4) **For all operations:** Comply with and strictly adhere to all CCOF standards, procedures and policies described 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 policies on Governing Law, Consent to Jurisdiction, Indemnification and Limit of Liability as described in the CCOF Certification Program Manual section 6.
 - 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 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: _____

G. 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):	
CCOF applies a 3% surcharge to each credit card transaction. No additional surcharge is applied to debit card transactions.			
Signature:			

H. 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:

<input type="checkbox"/> Facebook: _____	<input type="checkbox"/> LinkedIn: _____
<input type="checkbox"/> Instagram: _____	<input type="checkbox"/> Pinterest: _____
<input type="checkbox"/> X (formerly Twitter): _____	<input type="checkbox"/> Youtube: _____

2) Sales Methods:

<input type="checkbox"/> Community Supported Agriculture (CSA): _____
<input type="checkbox"/> Copacking Services (CS): _____
<input type="checkbox"/> Export (EX): _____
<input type="checkbox"/> Farmer's Market (FM): _____
<input type="checkbox"/> Ingredients (Ing): _____
<input type="checkbox"/> Internet (WWW): _____
<input type="checkbox"/> Produce Stand (PS): _____
<input type="checkbox"/> Retail (R): _____
<input type="checkbox"/> Tasting Room/Winery: _____
<input type="checkbox"/> U-Pick (UP): _____
<input type="checkbox"/> Wholesale (WS): _____

3) Apprenticeship Options:

<input type="checkbox"/> Apprenticeship Offered: _____
Terms: <input type="checkbox"/> Board <input type="checkbox"/> Internships <input type="checkbox"/> Wage <input type="checkbox"/> Other: _____

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

