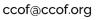


- Please keep a copy of all documents submitted to CCOF for your records.
- See www.ccof.org/faq or contact us with questions. Find all forms at www.ccof.org/resources/resource-library.
- Complete and send the following to apply for certification:
 - CCOF Certification Contract (this 6-page form)
 - Organic System Plan (OSP) forms and attachments:
 - Carefully review the Organic System Plan (OSP) Guides applicable to your operation, and complete all forms indicated:
 - **Guide to Grower OSP Forms**
 - **Guide to Handler OSP Forms**
 - **Guide to Livestock Producer OSP Forms**

	 Guide to Retail E 							
	·	\$350 nonrefundable fee 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 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, as well as by the National Organic Program in the Organic.integrity.organ							
1)	Registered Legal Business Nar	ne:						
	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 loca level. Description attached			you are				
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:						













(831) 423-8528



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, CDFA, or USDA can access the location during an unannounced inspection. ☐ Identical to registered legal business address above. Address: Zip/Postal Code: Country: State/Province: Mailing Address if different: Address: State/Province: Billing Address if different: Address: State/Province: Zip/Postal Code: Country: 9) Preferred method of written communication:

Email Postal Mail **B.** Organic Operation Summary 1) 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 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? You must provide CCOF with an adequate response to this question. ☐ Annually ☐ Quarterly ☐ Monthly Other (describe): C. Contact Information 1) **Primary Contact** Please designate one person as 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 operation. All communication will be sent to this contact. ____ Title: _____ Name: Phone: **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 Fmail Name/Title Phone number Fmail CC: Phone number Email Name/Title

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D. Certification Program Information 1) What types of products does this operation grow, produce, process, handle, or sell? Check one: ☐ Both organic and nonorganic product(s) ☐ Organic product(s) only ☐ Organic and transitional product(s) 2) 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: 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 this operation currently certified organic? No ☐ Yes, attach certificate and completed Certification Transfer Form. 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: 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 ☐ Yes ☐ No Did the operation surrender certification with outstanding non-compliances or conditions? c) Was the operation's application for organic certification ever issued a denial? ☐ Yes ☐ No d) Did the operation withdraw its application for certification with outstanding non-compliances? ☐ Yes ☐ No If you answered yes to a, b, c, or d above, please list the years and organic certification agencies, attach a copy of all relevant letter(s) and a description of all corrective actions: ☐ Letters Attached Year(s): 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. Refer to the CDFA Organic Program webpage or contact your local County Agricultural Commissioner to determine which agency to register with; CDFA or CDPH. List your registration number below (you may only have one registration number). California Organic Products Act of 2003 CDFA California Organic Program Registration number (grower, post-harvest handling, produce broker). Example: 12-123456: CDPH 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. 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 Farm or Livestock operation: What is your 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) 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.
 - c) 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:			
G.	Се	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 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 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 Newboite).						
2) For operations seeking COR certification: Comply with all Province and applicable organic production and described in rules issued by the Canada Food Inspection Agency				applicable organic production and handling regulations as			
3)	For	operations seeking C	COF GMA: Comply with the requirements set for	orth in the CCOF GMA Manual.			
4)		all operations: Comply uding but not limited to t		procedures and policies set forth in the CCOF Manuals			
	a)	Establishing, implemen	iting, and updating annually an Organic System	Plan that will be submitted to CCOF.			
	b)	operation, including no	n-certified production areas, structures, or office	plete access to the production or handling aspects of the s by CCOF. These inspections may be announced or tion authority, government entity with jurisdiction, or other			
	c)	Maintaining all records	applicable to the organic operation for not less	than five (5) years beyond their creation.			
	d)		ecords under normal business hours for review	y, government entity with jurisdiction, or other governing and copying to determine compliance with the applicable			
	e)	Understanding CCOF may use subcontractors for inspecting, testing and other technical services, as necessary.					
	f)	site, facility, livestock, or product that is part of an operation.					
	g)						
	h)						
	i) Using the CCOF name and seal(s) only in accordance with CCOF standards and ceasing all use of CCOF's name notice by CCOF. Any use of CCOF's names or marks, without the express consent of CCOF, is strictly prohibited an infringement of CCOF's rights. CCOF shall be entitled to its reasonable attorney's fees and costs incurred in baction, 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	cordance with the CCOF standards.				
	l)	Authorizing CCOF to lis	st 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 certifical labeling, and marketing material containing reference to CCOF in the event that this operation withdraws, or its certification suspended or revoked.						
	n)			Consent to Electronic Transmission", "Governing Law", scribed in the CCOF Certification Program Manual.			
	o)	Agreeing to be legally I	oound by the "Standards of Behavior" detailed in	n the CCOF Certification Program Manual.			
und pers	ersta son(s	and that any willful misre s) listed above to act on	presentation may be cause for denial of an app	e above General Requirements for CCOF certification and lication and sanctioning of certification. I authorize the ining organic certification. I attest that all information in this			
Nar	ne/T	itle	Signature	Date			

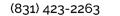
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Op	peration Name:		Date:					
Н.	Credit Card Payment Information							
Т	ype of Credit Card: 🗌 Visa 🔲 Master Card 🔲 Amex		Amount: \$					
С	redit Card Billing Address:		•					
С	city: State:		Zip code:					
N	lame on Card:		Phone Number:					
С	redit Card Number:							
Е	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):					
С	COF applies a 3% surcharge to each credit card transaction. No a							
S	ignature:							
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 CCOI promote your unique operation. Online Presence: ☐ Linkedin:							
	☐ Instagram:	 						
٥)		X (formerly Twitter): \[\sqrt{Youtube}: \]						
2)	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):							
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:							
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