CCOF OCal Business Change Contract

- Complete this form if a change to an OCal operation you manage or own results in a new Tax ID, business structure, or owner. Other business changes may also require this form to be submitted, at CCOF's discretion.
- Depending on the nature of the business changes, we may require an inspection prior to production or a full new application for certification.
- Please keep a copy of all documents submitted to CCOF for your records.
- You will be billed a $350 nonrefundable application fee.

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

A. Describe What Has Changed:

You are responsible for reviewing and understanding your OCal System Plan (OSP). Obtain a copy of the OSP from the previous owner or contact CCOF. You are responsible for maintaining all OCal records for the past five (5) years, ***which may include records generated prior to submission of this contract.***

1) **Management:** _____

2) **Business name or Structure.** *Attach a diagram if relevant:*

_____

3) **I attest that I have obtained and reviewed a copy of the OCal System Plan (OSP) by doing one of the following:**
- ☐ Received from previous owner or authorized contact.
- ☐ I have been added as an authorized contact, set up a MyCCOF account, and downloaded from the MyCCOF OSP tab.
- ☐ I have requested a copy from CCOF. *Per the CCOF Certification Services Manual, "Reproduction and information" fees apply*.
- ☐ N/A, authorized contact remains the same.
- ☐ Other: _____

4) **Describe access to records** from previous owner or authorized contact for the past five (5) years:
☐ Received from previous owner or authorized contact ☐ Do not have access to records. Describe why:

_____

5) **Describe changes** in practices, crops, products, brands, locations below. ☐ N/A, no changes
Attach updated OSP forms. Blank forms can be found at ***www.ccof.org/resources/resource-library****.*

_____

B. Previous Operation Information

1) Previous Business Name: _____

CCOF Certification ID (example: *ab123*): _____

2) Previous Business Address:

Address: _____ City: _____

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

C. New 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: _____

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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

1) New 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: _____

2) Physical Location of Your Operation**.**

Where OCal production or handling occurs, or where records are kept (for importer/broker/trader/private label owners) Your physical location will be inspected and will be listed on your OCal certificate. If you do not occupy, lease or own this location, you are responsible for ensuring that CCOF, CDFA, or CDPH can access the location during an unannounced inspection.

3) ☐ Identical to registered legal business address above.

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 method of written communication: ☐ Email ☐ Postal Mail

D. New Contact Information ☐ No Change

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 OCal System Plan, your operation's activities, applicable OCal 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. ☐ No Change

CC: ☐

Name/Title Phone number Email

CC: ☐

Name/Title Phone number Email

CC: ☐

Name/Title Phone number Email

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E. Certification Program Information

1) What types of products does this operation grow, produce, process, manufacture, distribute, or sell? Check one:
☐ Both OCal and non-OCal product(s) ☐ OCal product(s) only

2) Is the **new business** currently certified organic, certified OCal by another certifier, or certified by a third-party cannabis certification company (i.e. Sun and Earth, Certified Kind, Envirocann, etc.)?
☐ No ☐ Yes, provide name of certifier: _____

3) Has the **new business** ever applied for, or been granted, OCal certification?
☐ No. Skip to section F. ☐ Yes. Complete this section and provide name of certifier: _____

a) Was the operation's certification or the certification of fields or products ever suspended or revoked? ☐ Yes ☐ No
b) Did the operation surrender certification with outstanding non-compliances or conditions? ☐ Yes ☐ No
c) Was the operation's application for OCal certification ever issued a denial? ☐ Yes ☐ No
d) Did the operation withdraw its application for certification with outstanding non-compliances? ☐ Yes ☐ No

4) If you answered yes to a, b, c, or d above, please list the years and certification agencies, attach a copy of all relevant letter(s) and a description of all corrective actions:
Year(s): _____ ☐ Letters Attached
Corrective actions taken: _____

F. California Cannabis Licensing and CDPH Registration

OCal operations must hold an active and valid commercial cannabis license with the California Department of Cannabis Control (DCC). For more information, visit the DCC website at https://cannabis.ca.gov/. Please provide the details of your commercial cannabis license in this section.

1) **Licensee Contact**
Name: _____ Title: _____
Phone: _____ Email: _____
Address: _____ City: _____
State/Province: _____ Zip/Postal Code: _____ Country: _____

2) **Licensee Business Contact *if different***
Name: _____ Title: _____
Phone: _____ Email: _____
Address: _____ City: _____
State/Province: _____ Zip/Postal Code: _____ Country: _____

3) **License Types and Numbers**
Check the box for each cannabis license you hold and list each license number.

a) **Cultivation**
☐ Specialty Indoor: _____
☐ Specialty Mixed-Light Tier 1: _____
☐ Specialty Mixed-Light Tier 2: _____
☐ Specialty Outdoor: _____
☐ Small Indoor: _____
☐ Small Mixed-Light Tier 1: _____
☐ Small Mixed-Light Tier 2: _____
☐ Small Outdoor: _____
☐ Medium Indoor: _____

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- ☐ Medium Mixed-Light Tier 1: _____
- ☐ Medium Mixed-Light Tier 2: _____
- ☐ Medium Outdoor: _____
- ☐ Large Indoor: _____
- ☐ Large Mixed-Light Tier 1: _____
- ☐ Large Mixed-Light Tier 2: _____
- ☐ Large Outdoor: _____
- ☐ Nursery: _____
- ☐ Processor: _____

b) **Manufacturer**

Manufacturers are required to register with CDPH after achieving OCal certification with CCOF; your inspector will verify that you have begun the CDPH application.

- ☐ Type 6: (Non-volatile solvent manufacturing or mechanical extraction): _____
- ☐ Type 7: (Volatile solvent manufacturing): _____
- ☐ Type N: (Infusion of products): _____
- ☐ Type P: (Packaging and labeling): _____
- ☐ Type S: (Manufacturers who work in a shared-use facility): _____

c) Commercial

- ☐ Distributor: _____
- ☐ Distributor Transport Only: _____
- ☐ Microbusiness (*Not eligible for certification)*: _____
- ☐ Non-storefront Retailer (Delivery Only) (*Not eligible for certification)*: _____
- ☐ Storefront Retailer *(Not eligible for certification)*: _____

G. 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 OCal production/sales/services (gross, next 12 months):

_____

a) **If you are a Cultivator:** What is your current or expected cost of certified OCal product purchased, such as seed or planting stock (next 12 months) and service fees charged by certified OCal co-processors, etc. This will be subtracted from the amount in line 1 to determine your annual certification fee.

_____

b) **If you are a Manufacturer or Distributor:** What is your current or expected cost of certified OCal ingredients/products purchased (next 12 months) and service fees charged by certified OCal co-processors. This will be subtracted from the amount in line 1 to determine your annual certification fee.

_____

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Operation Name: _____ **Date:** _____

H. Certification Contract and Agreement

► **The following must be signed by a legally authorized representative of any operation by all applicants for certification by CCOF OCal 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 Certification Program Manual and further agrees to:

1) Comply with all State and applicable OCal production and handling regulations as described in rules issued by the California Department of Agriculture and California Department of Public Health (including those regulations in Title 3 California Code of Regulations (3 CCR) and the OCal Guidance as published on the CDFA website).
2) Comply with and strictly adhere to all CCOF standards, procedures and policies set forth in the CCOF Manual including but not limited to the following:
   a) Establishing, implementing, and updating annually an OCal 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 OCal 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 OCal seal(s) only in accordance with CCOF standards and ceasing all use of CCOF's name and OCal 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 Services Program Manual.
   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 OCal 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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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.

☐ Do not include my operation in the online directory.

1) Online Presence:

☐ Facebook: _____ ☐ Linkedin: _____

☐ Instagram: _____ ☐ Pinterest: _____

☐ X (formerly Twitter): _____ ☐ Youtube: _____

2) Sales Methods:

☐ Copacking Services (CS): _____

☐ Ingredients (Ing): _____

☐ Internet (WWW): _____

☐ Retail (R): _____

☐ Wholesale (WS): _____

3) Apprenticeship Options:

☐ Apprenticeship Offered: _____

Terms: ☐ Board ☐ Internships ☐ Wage ☐ Other: _____

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

_____

J. Additional Service Opportunities (Optional)

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

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

☐ USDA National Organic Program (NOP) compliance for non-cannabis production

☐ Food Safety Services for non-cannabis farms

☐ Food Safety Services for non-cannabis facilities or processing

☐ Food Safety training

☐ Other: _____

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