|  |  |  |  |
| --- | --- | --- | --- |
| **Operation Name:** |  | **Date:** |  |

► Complete this form if you take physical possession of products you sell or distribute, or run a manufacturing or handling facility.

**►** Complete one form for each facility/location.

## General Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Facility Name: | |  | | | | | | |
| Facility Tax ID: | | |  | | | | | | |
| 1. Site Address: |  | | | | | City: |  | | |
| State/Province: | | |  | Zip/Postal Code: |  | Country: | |  | |

1. *Manufacturers are required to register with CDPH after achieving OCal certification with CCOF. This does not apply to distributors and cultivators.*

Registration in process (manufacturers)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. CDPH OCal manufacturing registration number: | | | | |  | | |
| 1. Contact (Name/Title): | | | |  | | | | |
| 1. Phone: | |  | | | | | Fax: |  |
| 1. Email(s): | | |  | | | | | |
| 1. Type of manufacturing or handling: | | | | |  | | | |

1. Do you (check one):

Own this facility  Lease this facility

1. Do you (check one or both):

Own the products manufactured and/or handled here  Provide manufacturing and/or handling services

1. Is this facility:

OCal and organic only  OCal/organic and non-OCal/nonorganic

* 1. Do you manufacture or handle identical OCal and non-OCal products?

Yes  No

* 1. Do you manufacture or handle organic products identical to nonorganic products?

Yes  No

|  |  |
| --- | --- |
| * + 1. If yes, list products: |  |

1. Is this facility currently certified OCal by another certifier?

|  |  |
| --- | --- |
| No  Yes, provide name of certifier: |  |

1. Has this facility ever previously applied for or been granted OCal certification to any certification agency?

|  |  |
| --- | --- |
| No. Skip to section B.  Yes. Complete this section and provide name of certifier: |  |

## Was your certification or the certification of products or this facility ever suspended or revoked? Yes No

1. Did you surrender your certification with outstanding non-compliances or conditions?  Yes  No
2. Was your application for OCal certification ever issued a denial?  Yes  No
3. Did you withdraw your 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 agencies, attach a copy of all relevant letter(s) and a description of all corrective actions:

|  |  |  |  |
| --- | --- | --- | --- |
| Year(s): |  | | Letters Attached |
| Corrective actions taken: | |  | |

## Site Plan and Product Flow

1. Attach 8.5 x 11” site map(s) showing all OCal and organic manufacturing and/or handling and storage areas (may be hand drawn).

Map attached

1. Attach either a complete written description or a schematic product flow chart that describes or shows where and how the product is received, stored, extracted, infused processed, packaged, and warehoused.

* The flow chart(s) must include all OCal production steps. Identify all equipment, machinery, grading stations, and storage areas, and indicate where ingredients are added or processing aids are used.
* **Submit a separate flow chart for each production type.** Attached

1. Describe how any “work in process” (WIP) is identified as OCal and protected from prohibited substances:

|  |
| --- |
|  |

1. For each material used in or on **non-OCal and/or** **nonorganic** products in this facility, describe below how you prevent accidental use during OCal processing, and how this can be verified at inspection:

|  |
| --- |
|  |

1. Identify any other material used during any **OCal** processing step that is not yet otherwise disclosed:

|  |
| --- |
|  |