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

* Complete this form if you process organic products or take physical possession of products you sell or distribute.
* Complete one form for each facility/location.

## General Information

|  |  |  |
| --- | --- | --- |
| 1. Facility Name: |  | |
| CRA Business Number (BN): | |  |

1. Do you (check one):

Own this facility  Lease this facility

*Only facilities that you own or lease can be included in your certification. Facilities that you do not own or lease must apply for separate certification.*

1. Is facility information requested below in this section identical to the physical location address provided on your [**CCOF COR Certification Contract**](https://www.ccof.org/resource/ccof-cor-compliance-certification-contract)?

Yes. Skip to section B  No

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Site Address: | | |  | | | | | | City: |  | |
| State/Province: | | | |  | | Zip/Postal Code: | |  | Country: | |  |
| 1. Contact (Name/Title): | | | | |  | | | | | | |
| 1. Phone: |  | | | | | | Fax: |  | | | |
| 1. Email(s): | |  | | | | | | | | | |

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

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

1. Has this facility ever previously applied for or been granted organic certification by 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 cancelled? Yes No

1. Did you surrender your certification with outstanding non-compliances or conditions?  Yes  No
2. Was your application for organic 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: | |  | |

## Facility Activities, Site Plan, and Product Flow

|  |  |
| --- | --- |
| 1. Processing or handling activities (examples: baking, mixing, etc.): |  |

1. Attach site map(s) showing all organic processing and storage areas (may be hand drawn). Identify all equipment, machinery, grading stations, and storage areas used for organic products.  Map attached
2. Attach either a written description or a schematic product flow chart that describes or shows where and how ingredients or products are received, stored, processed, packaged, and warehoused.  Attached

* Submit a separate flow chart for each production type.
* The flow chart(s) must include all organic production steps.
* Include all equipment, machinery, grading stations, and storage areas used for organic products, and indicate where ingredients are added or processing aids are used.
* If product moves through different facilities, describe the flow across different facilities and submit an organic certificate for any contracted facility. *You must request updated certificates at least annually.*