CCOF PrimusGFS Certification Contract

- ► CCOF PrimusGFS Certification is only available for all certified organic producers or those in a documented transition. If you are a mixed operation, **CCOF can also certify your non-organic ground under PrimusGFS.**
- ► If you are certified organic by another certifier, **please provide a current organic certificate along with your application**.
- ► Please keep a copy of all documents submitted to CCOF for your records.
- ► You are responsible for understanding the requirements of the program. Please familiarize yourself with the **CCOF PrimusGFS Certification Program Manual** and the PrimusGFS General Regulations and standards available at www.primusgfs.com.

► **Complete and send the following to apply for this program:**

- CCOF PrimusGFS Certification Contract (this 5-page form)
- $50 nonrefundable Application fee due with application
- $350 Annual Fee

☐ My credit or debit card information is on page 4 ☐ I have included another form of payment

☐ Bill me (for existing CCOF clients only)

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

A. Operation Information

1) Registered Legal Business Name: _____

Federal Tax ID#: _____

2) Physical Location of Your Operation**.** *Where production occurs,*

Address: _____ City: _____

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

3) Mailing Address *if different*:

Address: _____ City: _____

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

4) Billing Address *if different*:

Address: _____ City: _____

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

B. Audit Contact Information

Your audit contact will receive all audit reports through the Azzule system.

1) Is the audit contact person for your PrimusGFS program the same as for your organic program?

☐ Yes ☐ No. *Please provide contact details below.*

If no additional contact is provided, CCOF will direct PrimusGFS certification correspondence to your primary organic contact.

2) **Primary PrimusGFS Contact**

Name: _____ Title: _____

Phone: _____ Email: _____

Preferred language: ☐ English ☐ Español (mayoría de los documentos de CCOF disponibles en español)

Preferred method of written communication: ☐ Email ☐ Postal Mail

3) **Additional PrimusGFS Contacts or Consultants**

Please provide additional contacts, including consultants, that should receive audit reports, corrective action access, and certificates. 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

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C. Current Certification or PrimusGFS Registration

1) Is your operation currently certified organic to the USDA National Organic Program?

☐ No ☐ In Transition ☐ Yes. Provide name of certifier: _____

2) Is your operation currently GFSI certified? ☐ Yes ☐ No

If yes, provide name of certifier and certification standard: Certifier: _____

Standard: _____

3) What are your requested Audit Dates/Timeframe? _____

Inspection/audit dates must occur when harvest and/or packing/processing/cooling is being conducted in a 30-day window for unannounced audits

4) Do you supply directly to Costco?

☐ Yes ☐ No

5) Audit type:

☐ Announced ☐ Unannounced

D. Unannounced Audits

Unannounced audits are a required part of certification. CCOF is required to try to make unannounced inspections occur during the recertification period or the seasonality of the operations production. Operations have a choice to select 15 "blackout dates" during your production (or handling) window where CCOF cannot perform an unannounced inspection, e.g. your harvest/packing season is May – August, but you choose: May 29 – June 2nd (Memorial Week) and July 4th week. (Audits will not be schedule during weekends or holidays).

What dates would you like to choose for your blackout dates. *Note you can choose none:*

E. Primary Production Details – Good Agricultural Practices (GAP) Certification

Please provide details for the scope(s) you would like to include in your certification. Complete the associated table for each scope and attach additional pages as needed.

1) Scope Type(s): ☐ Farm ☐ Indoor Agriculture ☐ Harvest Crew

2) Farm and/or Indoor Agriculture Details

To be considered a single ranch, sites must have the same water source, under same management and be on continuous ground. If you have questions, please reach out to CCOF personnel.

Scope	Operation Name:	Operation Address	Products	Acres	Season (Months range)	Countries of Destination
☐ FM ☐ IA	*Ranch AMC*	*Address, City, State, Zip Code*	*Oranges*	*5*	*Jan to March*	*USA, Canada*
☐ FM ☐ IA					to	
☐ FM ☐ IA					to	
☐ FM ☐ IA					to	

Additional Notes:

3) Harvest Crew Details:

Company Name	Company Address	Crew Number or Name	Location of audit	Products	Season (Months range)
Harvest crew, LLC	*Address, City, State, Zip Code*	*Crew #1*	*Address, City, State, Zip Code*	*5*	*Jan to March*

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					to
					to

Additional Notes:

F. Facility Operation Details – Good Manufacturing Practices (GMP) Certification

Please provide details for the operation type(s) you would like to include in your certification. Complete the associated table for each scope and attach additional pages as needed.

Please include your operational flow chart with the form.

1) Operation type(s):

☐ Storage/Distribution Center ☐ Cooler/Cold Storage ☐ Packinghouse ☐ Processor

Operation/Facility Name	Address	FDA#	Size in Sq Ft.	# of lines	# of Buildings	Chiller Space

Facility production hours and days: _____

Facility production months: _____

Description of daily operational activities: _____

2) Products to be included in Certification:

Note: The operation must be active during the audit, and all products you want certified must be on-site. The auditor needs to see every step of the process. If certain steps aren't happening during the audit, certification can't be completed. If you have more products than fit in the space provided, please attach a separate list.

Product Name	Year Round	Product Month Range	Country of Destination
Oranges	☐ *Yes* ☒ *No*	*Jan to Mar*	*USA, Canada*
	☐ Yes ☐ No	to	
	☐ Yes ☐ No	to	
	☐ Yes ☐ No	to	
	☐ Yes ☐ No	to	

Additional Notes:

CCOF PrimusGFS Certification Contract

G. Shippers/Marketing Companies

Provide details of who or what organizations your reports should be shared with**. Audit Reports are shared via the Azzule platform with your customers. Audit report uploads are $40 per report, and $15 for each customer the report is transferred to**. Attach additional pages as needed.

☐ I do not have a shipper; please skip this step for me

1) Company Name: _____

Contact Person: _____

Phone: _____ Email: _____

Address: _____

2) Company Name: _____

Contact Person: _____

Phone: _____ Email: _____

Address: _____

☐ I confirm that I have the right to share this information and that doing so does not break any Terms of Use. By agreeing, I understand and accept that the audit information (such as reports, corrective actions, and preliminary reports) may be shared by the Shipper with any third party I have listed above.

H. Credit or Debit Card Payment Information

Annual fees for PrimusGFS are standardized: **$400** ($50 nonrefundable application fee plus $350 Annual fee) that will be invoiced **annually during your certificate renewal period.**

Amount: $		
Card Billing Address:		
City:	State:	Zip code:
Name on Card:	Phone Number:	
Card Number: *CCOF accepts Visa, Master Card, Amex, Discover, or UnionPay credit or debit card types*		
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)*:	
By providing credit or debit card information and signing the Certification Contract and Agreement, you authorize CCOF to charge the card provided for your application fee. A 3% surcharge will be added for credit card transactions. Debit card transactions are not subject to a surcharge.		

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Organization Name: _____ **Date:** _____

I. Certification Contract and Agreement

► **The following must be signed by a legally authorized representative of the legal entity seeking PrimusGFS certification with 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 further agrees to:

1) Be legally bound by and comply with the requirements set forth in the CCOF PrimusGFS Certification Program and Certification Services Program manuals.
2) 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) Permitting on-site inspections with complete access to the production or handling aspects of the operation, including non-certified production areas, structures, or offices; including examining documents, records, personnel and client's subcontractors and any investigation of complaints. 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.
   b) Maintaining all records applicable to the organic operation for not less than five (5) years beyond their creation. When sending copies of certification records to others, the documents shall be reproduced in their entirety or as specified by CCOF CS.
   c) 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.
   d) Understanding CCOF may use subcontractors for inspecting, testing and other technical services, as necessary.
   e) Submitting to CCOF any applicable fees as described on the most current fee schedule or as included in the quote for services. Failure to pay fees as described in the Certification Services Program Manual may result in termination of this contract and surrender of certification.
   f) Immediately notifying CCOF of any change in our certified operation or portion of it that may affect its compliance with the applicable standards, regulations or governing law.
   g) Using the PrimusGFS trademark and seal(s) only in accordance with CCOF PrimusGFS Certification Program Manual and ceasing all use of PrimusGFS's trademark and seal upon notice by CCOF. Any use of PrimusGFS's trademark or seal without the express consent of CCOF is strictly prohibited and constitutes an infringement of PrimusGFS's rights.
   h) Destroying or returning to CCOF all packaging and certificate(s) upon notice from CCOF.
   i) Authorizing CCOF to list certified parcel crops, products, services, and acreage on my certificate and in the CCOF Directory.
   j) Immediately ceasing all claims of PrimusGFS 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 expired, suspended or cancelled.
   k) 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.
   l) Agreeing to be legally bound by the "Standards of Behavior" detailed in the CCOF Certification Services Program Manual.
   m) You agree to pay all fees as described in the CCOF Certification Services Program Manual. Failure to pay fees as described in the Certification Services Program Manual may result in termination of this contract and surrender of certification.

I, the owner or legally authorized representative of the operation, acknowledge and agree to the above General Requirements for CCOF PrimusGFS certification. I understand that any willful misrepresentation may be cause for sanctioning of certification and attest that all information in this application is true and accurate to the best of my knowledge. My handwritten signature or typed name entered in the signature field below constitutes my legal signature.

Name/Title	**Signature (handwritten or typed)**	**Date**

I, the CCOF representative, acknowledge receipt of the above-named operation for CCOF PrimusGFS certification. My handwritten signature or typed name entered in the signature field below constitutes my legal signature.

Name/Title	**Signature (handwritten or typed)**	**Date**

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