



# CCOF CERTIFICATION APPLICATION

To apply and start the certification process please complete this application and send to:

CCOF • 2155 Delaware Ave., Suite 150 • Santa Cruz, CA 95060 or email [inbox@ccof.org](mailto:inbox@ccof.org)

- ▶ Welcome to CCOF. We will work with you to get your certification transferred to CCOF as quickly as possible.
- ▶ Please keep a copy of the completed application and organic system plan for your records.
- ▶ Once you complete this application CCOF will notify the National Organic Program of your decision and work with you to assess your existing Organic System Plan (OSP) and establish an OSP in CCOF's systems.

## A. Company Information

1) Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

### 2) Business Information:

Sole Proprietorship. Owner's Name: \_\_\_\_\_

Partnership. Owner's Names: \_\_\_\_\_

Corporation -OR-  LLC. State of incorporation: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ Website: \_\_\_\_\_

Name of owners, or officers and their titles: \_\_\_\_\_

Others (describe): \_\_\_\_\_

### 3) Physical Location of Operation *Where organic production occurs:*

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

### 4) Mailing Address *if different:* \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### 5) Billing Address *if different:* \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

## B. Contact Information

### 1) Primary Contact

Please designate one person in your operation to be CCOF's Primary Contact. This person will be listed in CCOF printed and online directories. 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 company.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Preferred language for communication:  English  Spanish (most CCOF forms & materials available in Spanish)

Preferred written communication method:  Email  Postal Mail

### 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 company. Check the CC box to have that contact receive all communication for your company. Attach an additional list if necessary.

CC:

a) Name/Title	Phone number	Email



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CC:

b) Name/Title Phone number Email

CC:

c) Name/Title Phone number Email

## C. Certification Program Information

1) Which organic standards are you applying to be certified to? Check all that apply: For more information about CCOF certification programs, or to determine which program(s) you need, visit [www.ccof.org/standards](http://www.ccof.org/standards) to review the CCOF Certification Services Program Manual or contact us by phone or email.

**USDA National Organic Program (NOP) Compliance**

Base program for operations in the US or Mexico. Farm operations converting to organic production with intention to be certified under the NOP will be reviewed for transitional certification. Complete the Organic System Plan.

**CCOF Global Market Access Program:**

Export verification for Canada, the EU, Japan, Korea, and Switzerland from the US. Complete the GMA application form.

2) Does this operation produce or handle:

Both organic and nonorganic product(s)  Organic product(s) only

3) Please indicate any markets you export or plan to export to, directly or indirectly (as an ingredient or through brokers/traders etc.).

Canada  Europe  Japan  Korea  Switzerland  Mexico  Other: \_\_\_\_\_

4) When do you anticipate the need for certification? \_\_\_\_\_

5) Is your operation currently certified organic?

No, my previous certification has lapsed  Yes, provide name of certifier: \_\_\_\_\_

a) Was your certification or the certification of fields or products ever suspended or revoked?  No  Yes

b) Did you surrender your certification with outstanding non-compliances or conditions?  No  Yes

c) Did you withdraw your application for certification with outstanding non-compliances?  No  Yes

If you answered "Yes" to a, b or c 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: \_\_\_\_\_

6) Is your operation currently certified biodynamic?

No  Yes

## D. 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. Visit the CDFA Organic Program webpage or contact your local County Agricultural Commissioner for more information if you produce organic crops, livestock, or process meat, fowl, or dairy products. Contact the Department of Health Services if you process or handle any other organic products. [California Organic Products Act of 2003].

1) California Organic Program Registration number (grower and post harvest handling): \_\_\_\_\_

2) Department of Health Services Organic Registration number (processing): \_\_\_\_\_

## E. Annual Certification Fee

CCOF will estimate and invoice your certification fee based on the information provided below and collected at the initial and subsequent inspections. Please refer to the CCOF Certification Services Program Manual for fee information. Certification fees must be paid prior to issuance of certification. Enter your credit card information on page 4 or attach another form of payment.

1) **All Operations:** Current or expected organic production value (next 12 months): \_\_\_\_\_

2) **Farm and Livestock operations:** Current or expected cost of certified organic seed and/or feed purchased (next 12 months): \_\_\_\_\_

3) **Handlers/processors/private labelers and other non-farm businesses:** Current or expected cost of certified organic ingredients/products purchased (next 12 months): \_\_\_\_\_

4) **Retail and Restaurant operations:** Current or expected number of stores (next 12 months): \_\_\_\_\_



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Operation Name: \_\_\_\_\_ Date: \_\_\_\_\_

## F. Certification Contract and Agreement

► The following must be signed by a legally authorized representative of any operation 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 seeking NOP certification: Comply with all State and applicable organic 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 NOP website).
- 2) For operations seeking COR certification: Comply with all Province and applicable organic production and handling regulations as described in rules issued by the Canada Food Inspection Agency
- 3) For operations seeking CCOF GMA or International Standard certification: Comply with the requirements set forth in the CCOF GMA or International Standard Certification Manual, respectively.
- 4) For all operations: Comply with and strictly adhere to all CCOF standards, procedures and policies set forth in the CCOF Manuals including but not limited to the following:
  - a) Establishing, implementing, and updating annually an Organic System Plan that will be submitted to CCOF.
  - b) Permitting on-site inspections 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 organic 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 our 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 seal(s) only in accordance with CCOF standards and ceasing all use of CCOF's name and 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 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 organic 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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## G. 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.

- 1) Online Presence:
  - Facebook: \_\_\_\_\_
  - LinkedIn: \_\_\_\_\_
- 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):

## H. Additional Service Opportunities (optional)

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

- Food Safety Services for Farms     Food Safety Services for Facilities or Processing     Food Safety Training
- Other: \_\_\_\_\_