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| **Operation Name:** |  |

**Issue A:** **Use of a material not on the approved Organic System Plan Materials List**

By checking this box, I agree that I understand that all materials must be listed in my OSP-Materials List and approved by CCOF before use. In the future, I will ensure that all materials are added to my OSP-Materials List that is approved by CCOF before I use them, even if they are OMRI or WSDA listed.

**Issue B: Use of an organic product supplier not on the approved Organic System Plan or without a current and valid organic certificate.**

By checking this box, I agree that I understand that all suppliers for organic products to be used as ingredients or resold must be listed in my OSP and approved by CCOF before use. In the future, I will ensure that all ingredient suppliers are added to my OSP that is approved by CCOF before I purchase their products. I will provide CCOF with a current certificate for any new supplier and have current certificates for all suppliers on hand.

**Issue C: Failure to have all records complete and available at inspection**

*Please note that while minor lapses in record keeping may be corrected by agreeing to the statement below, major or repeated lapses in record availability may result in a Notice of Noncompliance and/or the need for an additional on-site inspection.*

By checking this box, I agree that I understand that in order to maintain my organic certification with CCOF, I must maintain records concerning the production, harvest and handling of my organic product. I agree to keep complete records that fully disclose all activities and transactions in sufficient detail as to be readily understood and audited, and to have these available and accessible for all on-site audits.

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| I agree to act in compliance with the National Organic Program regulations and CCOF procedures and policies, including the issue areas identified above. I understand that failure to operate in line with the above agreements may be considered a willful violation of the National Organic Program regulations, and CCOF reserves the right to issue Notices of Noncompliance or adverse action as necessary. | | |
| **SIGN & DATE** (Must be signed by an authorized contact of the operation): | | |
|  |  |  |
| Name | Signature | Date |