

- Complete this form if a change to an OCal business you manage or own results in a new Tax ID, business structure, or owner. Other business changes may also require this form to be submitted, at CCOF's discretion.
- Inspection may be required prior to production depending on nature of business changes.
- You are responsible for reviewing and understanding your OCal System Plan (OSP). Obtain a copy of the OCal System Plan from the previous owner or contact CCOF. Keep a copy of all documents submitted to CCOF for your records.
- You are responsible for maintaining all OCal records for the past five (5) years, which may include records generated prior to submission of this application.
- Find all forms at www.ccof.org/documents. Send completed forms to inbox@ccof.org.
- You will be billed a \$350 nonrefundable application fee.
- Complete and send this 5-page form to apply for certification of a new business Email to: inbox@ccof.org Or Mail to: CCOF, 877 Cedar Street, Suite 248, Santa Cruz, CA 95060

A.	Describe What Has Changed:				
1)	Management:				
2)	Business Structure. Attach a diagram if relevant:				
3)	I attest that I have obtained and reviewed a copy of the OCal System Plan (OSP) by doing one of the following: ☐ Received from previous owner or authorized contact. ☐ I have been added as an authorized contact, set up a MyCCOF account, and downloaded from the MyCCOF OSP tab. ☐ I have requested a copy from CCOF. Per the CCOF Certification Services Manual, "Reproduction and information" fees apply. ☐ N/A, authorized contact remains the same.				
4)	Describe access to records from previous owner or authorized contact for the past five (5) years: Received from previous owner or authorized contact Do not have access to records. Describe why:				
5)	Describe changes in practices, crops, products, brands, locations below. Attach updated OSP forms. Blank forms can be found at www.ccof.org/documents .				
В.	Previous Operation Information				
1)	Business Name:				
	DBA:				
	CCOF Certification ID (example: ab123): Tax ID#:				
2)	Previous Owner Surrender of Certification (if applicable):				
	Name/Title Signature Date				

C. New Operation Information



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1)	Business Name:					
	DBA:					
	Phone:		Ext:	Fax:		
			_			
	Website:					
2)	Business Informa	Business Information:				
	Tax ID#:					
	Sole Proprietorship. Owner's Name:					
	☐ Partnership. Owner's Names:					
	☐ Corporation –OR- ☐ LLC. State of incorporation:					
	Name of owners, or officers and their titles:					
3)	Physical Location		l			
	Address:	iction occurs, or records are kept (for bro				
	State/Province:	Zip/Postal Co		Country:		
4)	Mailing Address <i>if</i>		-	Country:		
	Address:			City:		
	State/Province:	Zip/Postal Cod		Country:		
5)	Billing Address if d	ifferent:				
	·			City:		
	State/Province:	Zip/Postal Cod	de:	Country:		

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ucers				
Preferred written communication meth	nod: 🗌 Email 🏻 🗎 Postal Mail			
New Contact Information □] No Change			
Primary Contact				
directories, unless you choose to opt operation, your OCal System Plan, yo	out of the directory on page 6 of this fo our operation's activities, applicable OC	rm. This person should	be knowledgeable of your	
Name:	Title:			
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 for contacts that should receive all communication along with the Primary contact listed above. Attach an additional list if necessary. No Change				
			CC:	
Name/Title	Phone number	Email		
			CC: □	
Name/Title	Phone number	Email		
			CC: □	
Name/Title	Phone number	Email		
Certification Program Inform	ation			
_				
•				
Is the new business currently certifie	ed organic, certified OCal by another ce	rtifier, or certified by a	third-party cannabis certification	
☐ No ☐ Yes, provide name of cert	tifier:			
Has the new business ever applied f				
☐ No. Skip to section F. ☐ Yes. Co	omplete this section and provide name	of certifier:		
a) Was your certification or the certi	fication of fields or products ever suspe	ended or revoked?	☐ Yes ☐ No	
b) Did you surrender your certification	on with outstanding non-compliances o	r conditions?	☐ Yes ☐ No	
c) Was your application for OCal ce	rtification ever issued a denial?		☐ Yes ☐ No	
d) Did you withdraw your application	n for certification with outstanding non-	compliances?	☐ Yes ☐ No	
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:				
California Cannabis Licensing	and CDPH Registration			
OCal operations must hold an active a	and valid commercial cannabis license			
Licensee Contact				
Name:	Title:			
Phone:	Email(s):			
Address:		Cit	ty:	
State/Province:	Zip/Postal Code:	Country:		
	Preferred written communication method New Contact Information Primary Contact Please designate one person in your directories, unless you choose to opt operation, your OCal System Plan, you the business. All communication with Name: Phone: Additional Contacts Please list all people at your operation behalf of the company. Check the Coabove. Attach an additional list if necessary in the product of the company of the company of the company (i.e. Sun and Earth, Certified Company (i.e. Sun and Earth, Certified No. Skip to section F. Yes. Ca) Was your certification or the certification or	Preferred written communication method: Email Postal Mail New Contact Information No Change Primary Contact Please designate one person in your operation to be CCOF's Primary Contact Please designate one person in your operation to be CCOF's Primary Contact Please designate one person in your operation to be CCOF's Primary Contact Please designate one person in your operation to be CCOF's Primary Contact Please designate one person on your operation activities, applicable OC the business. All communication will be sent to this contact. Name: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title: Title:	Preferred written communication method: Email Postal Mail New Contact Information No Change Primary Contact P	

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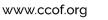
Licensee Business Contact if different Name: Phone: Address: State/Province: Zip/Postal Code: Country: **License Types and Numbers** Check the box for each cannabis license you hold and list each license number. a) Cultivation ☐ Specialty Indoor: ☐ Specialty Mixed-Light Tier 1: Specialty Mixed-Light Tier 2: ☐ Specialty Outdoor: ☐ Small Indoor: ☐ Small Mixed-Light Tier 1: ☐ Small Mixed-Light Tier 2: ____ ☐ Small Outdoor: ☐ Medium Indoor: ☐ Medium Mixed-Light Tier 1: ☐ Medium Mixed-Light Tier 2: ☐ Medium Outdoor: ☐ Large Indoor: Large Mixed-Light Tier 1: ☐ Large Mixed-Light Tier 2: Large Outdoor: ☐ Nursery: ☐ Processor: Manufacturer Manufacturers are required to register with CDPH after achieving OCal certification with CCOF; your inspector will verify that you have begun the CDPH application. Type 6: (Non-volatile solvent manufacturing or mechanical extraction): ☐ Type 7: (Volatile solvent manufacturing): Type N: (Infusion of products): Type P: (Packaging and labeling): Type S: (Manufacturers who work in a shared-use facility): c) Commercial ☐ Distributor: ☐ Distributor Transport Only: ☐ Microbusiness (*Not eligible for certification*): ☐ Non-storefront Retailer (Delivery Only) (*Not eligible for certification*):

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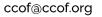




		Storefront Retailer (Not eligible for certification):		
3.	An	nual Certification Fee		
•		OF will estimate and invoice your certification fee based on the information provided below and collected at your initial and obsequent inspections. If your business is splitting into multiple operations, provide information for each business.		
>	Ple	ase refer to the CCOF Certification Services Program Manual for detailed fee information.		
•	CCOF determines your initial annual certification fee according to your expected annual OCal Production Value (OPV). OPV is calculated using your expected certified OCal production/sales (over the next 12-month period) minus the cost of certified OCal products or services, such as certified seed and/or planting stock, certified ingredients, or certified processing services, purchased in the same 12-month period.			
)		All operations: Expected OCal production value (next 12 months). List total value of certified OCal production/sales, or services such as contract processing/handling for non-cultivator businesses.		
	a)	Cultivators: Expected cost of certified OCal seed and/or planting stock purchased (next 12 months).		
	b)	Manufacturers and Distributors: Expected cost of certified organic and/or OCal ingredients/products purchased (next 12 months).		
	c)	Manufacturers and Distributors: Expected cost of service fees charged by certified OCal co-processors (next 12 months).		

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(831) 423-2263



Prod	-Producers -			
Op	Operation Name: Date:			
H. ▶	The	ertification Contract and Agreement e following must be signed by a legally authorized representative of any OF OCal CS (CCOF).	operation by all applicants for certification by	
	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 Certification Program Manual and further agrees to:			
1)	Dep	Comply with all State and applicable OCal production and handling regulations as described in rules issued by the California Department of Agriculture and California Department of Public Health (including those regulations in Title 3 California Code of Regulations (3 CCR) and the OCal Guidance as published on the CDFA website).		
2)		mply with and strictly adhere to all CCOF standards, procedures and policies she following:	set forth in the CCOF Manual including but not limited	
	a)	Establishing, implementing, and updating annually an OCal System Plan th	at will be submitted to CCOF.	
	b)	Permitting on-site inspections with complete access to the production or han production areas, structures, or offices by CCOF. These inspections may be CCOF or as required by an accreditation authority, government entity with j	e announced or unannounced at the discretion of	
	c)	Maintaining all records applicable to the OCal operation for not less than five	re (5) years beyond their creation.	
	d)	Allowing authorized representatives of CCOF, an accreditation authority, go body access to these records under normal business hours for review and standards, regulations or governing law.		
	e)	Understanding CCOF may use subcontractors for inspecting, testing and of	ther technical services, as necessary.	
	f)	Submitting to CCOF any applicable fees as described on the most current f		
	g)	Immediately notifying CCOF concerning any application, including drift, of a site, facility, livestock, or product that is part of an operation.	prohibited substance to any field, production unit,	
	h)	Immediately notifying CCOF of any change in your 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 OCal seal(s) only in accordance with CCOF state oCal seal upon notice by CCOF. Any use of CCOF's names or marks, with prohibited and constitutes an infringement of CCOF's rights. CCOF shall be incurred in bringing any civil action, arbitration, or mediation to enforce its rights.	out the express consent of CCOF, is strictly entitled to its reasonable attorney's fees and costs	
	j)	Destroying or returning to CCOF all packaging and certificate(s) upon notice		
	k)	Understanding that the use of the CCOF name and seal must be in accorda		
	l)	Authorizing CCOF to list certified parcel crops, products, services, and acre	eage on my certificate and in the CCOF Directory.	
	m)	Immediately ceasing all claims of CCOF certification associated with this or labeling, and marketing material containing reference to CCOF in the event suspended or revoked.		
	n)	Agreeing to be legally bound by the terms of the paragraphs entitled "Conse" ("Consent to Jurisdiction", "Indemnification" and "Limit of Liability" as describ Manual.	ent to Electronic Transmission", "Governing Law", ed in the CCOF Certification Services Program	
und pers	ersta son(s	wner or legally authorized corporate representative, acknowledge the about and that any willful misrepresentation may be cause for denial of an application s) listed above to act on behalf of my company in establishing or maintaining ion is true and accurate to the best of my knowledge:	on and sanctioning of certification. I authorize the	
Nar	ne/T	Fitle Signature	Date	

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(831) 423-8528



I. 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. Do not include my operation in the online directory.
1)	Online Presence:
	☐ Facebook:
	Linkedin:
2)	Sales Methods:
	Copacking Services (CS):
	☐ Ingredients (Ing):
	☐ Internet (WWW):
	Retail (R):
	☐ Wholesale (WS):
3)	Apprenticeship Options:
	Apprenticeship Offered:
	Terms: ☐ Board ☐ Internships ☐ Wage ☐ Other:
4)	Company Statement (Promotional/sales/informational or public statement about your company):
J.	Additional Service Opportunities (Optional)
	Check any additional services the new business may be interested in and a CCOF representative or partner organization will contact you.
	Check any additional services you may be interested in and a CCOF representative or partner organization will contact you.
	USDA National Organic Program (NOP) compliance for non-cannabis production
	Food Safety Services for non-cannabis farms
	 ☐ Food Safety Services for non-cannabis facilities or processing ☐ Food Safety training
	☐ Other:

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