Operation Name: _____ **Date:** _____

► Complete this form if you take physical possession of products you sell or distribute, or run a manufacturing or handling facility.
► Complete one form for each facility/location.

A. General Information

1) Facility Name: _____
   Facility Tax ID: _____
2) Site Address: _____ City: _____
   State/Province: _____ Zip/Postal Code: _____ Country: _____
3) *Manufacturers are required to register with CDPH after achieving OCal certification with CCOF. This does not apply to distributors and cultivators.*
   ☐ Registration in process (manufacturers)
   a) CDPH OCal manufacturing registration number: _____
4) Contact (Name/Title): _____
5) Phone: _____ Fax: _____
6) Email(s): _____
7) Type of manufacturing or handling: _____
8) Do you (check one):
   ☐ Own this facility ☐ Lease this facility
9) Do you (check one or both):
   ☐ Own the products manufactured and/or handled here ☐ Provide manufacturing and/or handling services
10) Is this facility:
   ☐ OCal and organic only ☐ OCal/organic and non-OCal/nonorganic
   a) Do you manufacture or handle identical OCal and non-OCal products?
      ☐ Yes ☐ No
   b) Do you manufacture or handle organic products identical to nonorganic products?
      ☐ Yes ☐ No
      1. If yes, list products: _____
11) Is this facility currently certified OCal by another certifier?
   ☐ No ☐ Yes, provide name of certifier: _____
12) Has this facility ever previously applied for or been granted OCal certification to any certification agency?
   ☐ No. Skip to section B. ☐ Yes. Complete this section and provide name of certifier: _____
   a) Was your certification or the certification of products or this facility ever suspended or revoked? ☐ Yes ☐ No
   b) Did you surrender your certification with outstanding non-compliances or conditions? ☐ Yes ☐ No
   c) Was your application for OCal certification ever issued a denial? ☐ Yes ☐ No
   d) Did you withdraw your application for certification with outstanding non-compliances? ☐ Yes ☐ No
13) 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: _____

B. Site Plan and Product Flow

1) Attach 8.5 x 11" site map(s) showing all OCal and organic manufacturing and/or handling and storage areas (may be hand drawn).
   ☐ Map attached

2) Attach either a complete written description or a schematic product flow chart that describes or shows where and how the product is received, stored, extracted, infused processed, packaged, and warehoused.
   - The flow chart(s) must include all OCal production steps. Identify all equipment, machinery, grading stations, and storage areas, and indicate where ingredients are added or processing aids are used.
   - **Submit a separate flow chart for each production type.** ☐ Attached

3) Describe how any "work in process" (WIP) is identified as OCal and protected from prohibited substances:

4) For each material used in or on **non-OCal and/or nonorganic** products in this facility, describe below how you prevent accidental use during OCal processing, and how this can be verified at inspection:

5) Identify any other material used during any **OCal** processing step that is not yet otherwise disclosed:

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