



# CCOF CERTIFICATION CONTRACT

- ▶ CCOF recommends beginning the application process with sufficient time before certification is required to allow for the necessary inspection and review process. While in some cases certification can be provided in a very short time frame, providing up to twelve weeks is recommended. [Expedited services](#) are available.
- ▶ Please keep a copy of all documents submitted to CCOF for your records.
- ▶ See [www.ccof.org/certification/how](http://www.ccof.org/certification/how) or contact us with questions. Find all forms at [www.ccof.org/documents](http://www.ccof.org/documents).

▶ **Complete and send the following to apply for certification:**

- CCOF Certification Contract (this 5-page form)
- Organic System Plan (OSP) forms and attachments
  - Carefully review the Organic System Plan (OSP) Guides applicable to your operation, and complete all forms indicated:
    - [Guide to Grower OSP Forms](#)
    - [Guide to Livestock Producer OSP Forms](#)
    - [Guide to Handler OSP Forms](#)
- \$325 Application fee
  - Non-refundable and due with application
    - My credit card information is on page 5     I have included another form of payment
    - I have a discount code: \_\_\_\_\_

Email to: [inbox@ccof.org](mailto:inbox@ccof.org) Or Mail to: CCOF, 2155 Delaware Ave., Suite 150, Santa Cruz, CA 95060

▶ How did you hear about CCOF? \_\_\_\_\_

## A. Company Information

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

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

Website: \_\_\_\_\_

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

2) 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 of Your Operation.

*Where organic production occurs, or records are kept (for broker/trader/private label owners):*

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

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

4) Mailing Address *if different:*

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

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

5) Billing Address *if different:*

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

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

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

7) Preferred written communication method:  Email  Postal Mail



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## B. Organic Operation Summary

Help us understand your organic operation. Describe or attach a summary description of your organic business or plans.

*Your full details will be on the complete Organic System Plan you submit.*

Description attached

## C. 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. **All communication will be sent to this contact.**

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

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

### 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 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

CC:

Name/Title	Phone number	Email

## D. 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.

**Canadian Organic Regime Compliance**

Base program for operations in Canada only. Complete the COR Organic System Plan.

**CCOF Global Market Access Program:**

Export verification for Canada, the EU/UK, Japan, Korea, Taiwan, and Switzerland from the US. Complete the [GMA application](#).

**CCOF International Standard Program**

Export certification for the EU or Switzerland from Mexico. Complete the [International Standard Program application](#).

**CCOF Mexico Compliance Program**

Required for operations in Mexico; export verification for shipments to Mexico. Complete the Mexico Compliance Program application.

2) Does this operation produce or handle:

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

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/UK    Japan    Korea    Taiwan    Switzerland    Mexico

Other: \_\_\_\_\_



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4) By what date do you anticipate the need for certification? \_\_\_\_\_  
*The certification process could take 12 weeks or longer. If you need a shorter timeline you can enroll in the [Expedited Certification Service](#).*

5) Is your operation currently certified organic?  
 No  Yes, provide name of certifier: \_\_\_\_\_

6) Has this operation ever applied for, or been granted, organic certification?  
 No. Skip to section E.  Yes. Complete this section and provide name of certifier: \_\_\_\_\_

- a) Was your certification or the certification of fields or products 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 organic certification ever issued a denial?  Yes  No
- d) Did you withdraw your application for certification with outstanding non-compliances?  Yes  No

7) 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: \_\_\_\_\_

**E. 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). *Example: 12-123456:*  
\_\_\_\_\_
- 2) Department of Health Services Organic Registration number (processing). *Example: 12345:*  
\_\_\_\_\_

**F. 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)*
- a) **Farm and Livestock operations:** \_\_\_\_\_  
*Current or expected cost of certified organic seed and/or feed purchased (next 12 months)*
- b) **Handlers/processors/private labelers and other non-farm businesses:** \_\_\_\_\_  
*Current or expected cost of certified organic ingredients/products purchased (next 12 months)*
- c) **Retail and Restaurant operations:** \_\_\_\_\_  
*Current or expected number of stores (next 12 months)*



# CCOF CERTIFICATION CONTRACT

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

## G. 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 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 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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Operation Name: \_\_\_\_\_ Date: \_\_\_\_\_

## H. Credit Card Payment Information

Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex			Amount: \$
Credit Card Billing Address:			
City:	State:	Zip code:	
Name on Card:		Phone Number:	
Credit Card Number:			
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):	
Signature:			

## 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.

- 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):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## J. 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: \_\_\_\_\_