

- ▶ Use this form to transfer your operation to independent certification with CCOF. This form is only applicable to operations/facilities/parcels for whom Organic Systems Plans are already on file and who have been previously inspected and approved as part of another CCOF operation's organic certification.
- ▶ Please keep a copy of all documents submitted to CCOF for your records.
- ► CCOF will provide you a MyCCOF login to access your organic system plan already on file. You may also request a printed copy at any time. You are responsible for ensuring that the OSP on file is an accurate reflection of your practices, and for notifying CCOF of changes to your operation that may affect compliance.
- ► Find all forms at www.ccof.org/documents. Send completed forms to inbox@ccof.org.

•	Complete and send the follow	ing to apply for independent certification	1:		
	CCOF Abridged Certification	n Contract (this 6-page form)			
	\$450 combined application and certification fee				
	Non-refundable and du	• •	ath and farmer of the account of		
	<u> </u>	mation is on page 6	other form of payment		
	☐ I have a discount code: Email to: inbox@ccof.org Or mail to: CCOF, 2155 Delaware Ave., Suite 150, Santa Cruz, CA 95060				
	Email to: <u>inbox@ccor.org</u> Or n	nali to: CCOF, 2155 Delaware Ave., Suite	150, Santa Cruz, CA 95060		
	Company Information				
	Business Name:				
	DBA:				
	Website:				
	Phone:	Ext:	Fax:		
	Business Information:				
	Federal 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:				
	Physical Location of Your Operation.				
	Where organic production occur inspected and will be listed on year.		ate label owners). Your physical location will		
	Address:		City:		
	State/Province:	Zip/Postal Code:	Country:		
	Mailing Address if different:				
	Address:		City:		
	State/Province:	Zip/Postal Code:			
	Billing Address if different:				
	Address:		City:		
		Zip/Postal Code:	Country:		

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B. Organic Operation Summary 1) My operation is inspected and approved as a part of: Name of CCOF operation: **CCOF** client code: Help us understand your organic operation. Describe or attach a summary description of your organic business or plans. Check the applicable scopes listed below and include that information in your description. Description attached I am a (check all that apply): Grower Handler Livestock producer How frequently do you review your entire Organic System Plan to verify it is effectively implemented, and ensure it accurately reflects all your practices and procedures? Per 7 CFR §205.201(a)(3), applicants shall provide CCOF with an adequate response to this guestion. ☐ Annually ☐ Quarterly ☐ Monthly Other (describe): 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 the CCOF online directory and in the National Organic Program Organic Integrity Database (OID). 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. Title: Name: Email(s): Phone: **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**

D. Certification Program Information

Name/Title

Name/Title

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 to review the CCOF Certification Services Program Manual or contact us by phone or email.

Email

Email

Phone number

Phone number

CC:

CC:

☐ 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.

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	☐ CCOF Global Market Access Program:			
Export verification for:				
		US to Canada, the EU/UK, Japan, Korea, Switzerland, and Taiwan; Mexico to Canada; Canada Switzerland, and Taiwan. Complete the <u>GMA application</u> .	a to the US, the	e EU/UK, Japan,
		CCOF Mexico Compliance Program		
		Required for operations in Mexico; export verification for shipments to Mexico. Complete the Mapplication.	exico Complia	ance Program
2)		es this operation produce or handle:		
		Both organic and nonorganic product(s)		
3)		ase indicate any markets you export or plan to export to, directly or indirectly (as an ingredient of	or through brok	(ers/traders etc.).
		Canada		
	Ш	Other:		
4)	Wh	en do you anticipate the need for certification?		
		e certification process could take 12 weeks or longer. If you need a shorter timeline you can enr vice.	oll in the <u>Expe</u>	dited Certification
5)	ls t	nis operation currently certified organic by another certifier?		
		No Yes, attach certificate and completed Certification Transfer Form		
6)		s this operation or any responsibly connected person with this operation ever applied for, or bee		
		P 205.2 "Responsibly connected" - Any person who is a partner, officer, director, holder, mana he voting stock of an applicant or a recipient of certification or accreditation.	ger, or owner	of 10 percent or more
		No. Skip to section E. Yes. Complete this section and provide name of certifier:		
	a)	Was the operation or any responsibly connected person with this operation's 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:		
	Yea	ar(s):		☐ Letters Attached
	Co	rective actions taken:		
E.	Ca	lifornia Organic Registration ☐ Not applicable, not based in California ☐ Not applica	ble. retail or re	staurant
		ons engaged in production of organic products in California must register with the state prior to		
Org	anic	Program webpage or contact your local County Agricultural Commissioner for more information	n if you produc	e organic crops,
		 ς, or process meat, fowl, or dairy products. Contact the Department of Health Services if you pros. [California Organic Products Act of 2003]. 	ocess or nandi	e any other organic
-		ifornia Organic Program Registration number (grower and post harvest handling). <i>Example: 12</i> ·	-123456:	
,		5 5 (0 1 1 1 1 1 1 1 1 3), — www.n	-	
2)	Dei	partment of Health Services Organic Registration number (processing). Example: 12345:		
۷)	ᄱ	zariment of Freditif Dervices Organic Registration Humber (processing). Example: 12545.		

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F. Annual Certification Fee

CCOF will estimate and invoice your certification fee based on the information provided below and collected at your initial and subsequent inspections. Please refer to the CCOF Certification Services Program Manual for fee information. If you do not provide the information requested below, you cannot move forward in the certification process and your inspection will be delayed. Certification fees must be paid prior to issuance of certification. Enter your credit card information on page 4 or attach another form of payment.

		est that no prohibited materials (as defined under NOP regulations) have been applied to the parcel(s).				
3)		nsfer Authorization: An authorized representative of the CCOF operation your parcel(s) are currently part of must sign below. In thorize the transfer of the parcel(s) identified above to the CCOF certification of the company named in part A of this form, and				
2)	Cro	pps: List crop(s) to be grown, with specific acreage of each crop:				
		Current Map Attached. If acreage on map does not match what is listed on the Client Profile, please explain:				
		Current Client Profile Attached				
1)	Hig	Identification of Parcel(s): Attach the current CCOF Client Profile of the CCOF operation your parcel(s) are currently part of. Highlight or circle the specific parcel(s) your operation manages. Also attach a map clearly showing the location and boundaries of the parcel(s).				
	☐ Not applicable, no growing activities/parcels.					
G.	Pa	rcel Transfer (Growers Only)				
	c)	Retail and Restaurant operations: Current or expected number of stores (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) and service fees charged by certified organic co-processors. This will be subtracted from the amount in line 1 to determine your annual certification fee.				
	a)	Farm and Livestock operations: Current or expected cost of certified organic product purchased, such as seed, feed, transplants (next 12 months) and service fees charged by certified organic co-processors, custom grazing, etc. This will be subtracted from the amount in line 1 to determine your annual certification fee.				
1)	All	All Operations: Current or expected total value of certified organic production/sales/services (gross, next 12 months)				

Upon review of your application CCOF may request that you complete and send in sections of the CCOF Organic System Plan (OSP) to finalize your certification. You may need to either complete additional OSP forms or retire OSP forms if your activities change in the future. Please review the Organic System Plan (OSP) Guides applicable to your operation, and familiarize yourself with the section of the CCOF OSP that may apply to your operation:

- **Guide to Grower OSP Forms**
- **Guide to Livestock Producer OSP Forms**
- **Guide to Handler OSP Forms**

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Org	ganic ←	J _e		
0	pera	ation Name:		Date:
l. ▶	The	rtification Contract and Agre following must be signed by a leg OF CS (CCOF).		e of any operation by all applicants for certification by
		signing this document, the applica and by the terms of the CCOF CS C		eceived, has read, fully understands, and agrees to be er agrees to:
1)	pro Ma	duction and handling regulations as c	described in rules issued by the l	ification: Comply with all State and applicable organic United States Department of Agriculture Agricultural e NOP Handbook as published on the USDA AMS NOP
2)		operations seeking COR certification cribed in rules issued by the Canada		applicable organic production and handling regulations as
3)		operations seeking CCOF GMA or International Standard Certification Ma		n: Comply with the requirements set forth in the CCOF GMA
4)		all operations: Comply with and strict uding but not limited to the following:		, procedures and policies set forth in the CCOF Manuals
	a)	Establishing, implementing, and upo	dating annually an Organic Syste	em Plan that will be submitted to CCOF.
	b)	operation, including non-certified pro	oduction areas, structures, or offi	complete access to the production or handling aspects of the ices by CCOF. These inspections may be announced or ditation authority, government entity with jurisdiction, or other
	c)	Maintaining all records applicable to	the organic operation for not les	ss than five (5) years beyond their creation.
	d)		normal business hours for revie	ority, government entity with jurisdiction, or other governing we and copying to determine compliance with the applicable
	e)	Understanding CCOF may use subd	contractors for inspecting, testing	g and other technical services, as necessary.
	f)	Submitting to CCOF any applicable	fees as described on the most of	urrent fee schedule.
	g)	Immediately notifying CCOF concer site, facility, livestock, or product that		rift, of a prohibited substance to any field, production unit,
	h)	applicable standards, regulations or	governing law.	on or portion of it that may affect its compliance with the
	i)	notice by CCOF. Any use of CCOF's	s names or marks, without the e COF shall be entitled to its reason	tandards and ceasing all use of CCOF's name and seal upon xpress consent of CCOF, is strictly prohibited and constitutes onable attorney's fees and costs incurred in bringing any civil tarks.
	j)	Destroying or returning to CCOF all	packaging and certificate(s) upo	on notice from CCOF.
	k)	Understanding that the use of the C	COF name and seal must be in	accordance with the CCOF standards.
	l)	Authorizing CCOF to list certified pa	rcel crops, products, services, a	nd acreage on my certificate and in the CCOF Directory.
	m)			n this operation, and destroying or returning all certificates, e event that this operation withdraws, or its certification is
	n)	Agreeing to be legally bound by the		d "Consent to Electronic Transmission", "Governing Law", described in the CCOF Certification Program Manual.
und per	dersta son(and that any willful misrepresentation	may be cause for denial of an a company in establishing or mair	the above General Requirements for CCOF certification and application and sanctioning of certification. I authorize the ntaining organic certification. I attest that all information in this
Na	me/T	itle	Signature	Date
			3	-410

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Oper	ration Name:		Date:			
J. Cı	redit Card Payment Information					
Тур	e of Credit Card: Uisa Master Card Amex		Amount: \$			
Cred	dit Card Billing Address:					
City	: State:		Zip code:			
Nam	ne on Card:		Phone Number:			
Cred	Credit Card Number:					
Ехр	iration Date (mm/yy): /		mber (The three-digit code on the back of your card his is the four digits on the front):			
CCC	CCOF applies a 3% surcharge to each credit card transaction. No additional surcharge is applied to debit card transactions.					
Sign	nature:					
Us pro 1) Or	ublic Profile Information (optional) se these options to describe your operation. This information will omote your unique operation. nline Presence: Facebook:	l be used to po _ □ Linkedin:				
	Instagram	_ Pinterest	:			
	Twitter	☐ Youtube:				
2) Sa	ales Methods:	_				
	Community Supported Agriculture (CSA):					
	Copacking Services (CS):					
	1					
	Farmer's Market (FM):					
	Ingredients (Ing):					
	Internet (WWW):					
	Produce Stand (PS):					
	Retail (R):					
	Tasting Room/Winery:					
	U-Pick (UP):					
	Wholesale (WS):					
3) Ap	oprenticeship Options:					
	Apprenticeship Offered:					
Te	Terms: Board Internships Wage Other:					
4) Cc	ompany Statement (Promotional/sales/informational or public sta	atement about	your company):			
	dditional Service Opportunities (optional)					
	neck any additional services you may be interested in and a CC	OF representat	tive or partner organization will contact you.			
			C) OPT Grass-Fed Program			
	OCal Cannabis Certification (CA operations only)					
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