



Find all forms at www.ccof.org/resources. Send completed forms to inbox@ccof.org.

Operation Name: _____ **Date:** _____

- ▶ Use the below table to list all suppliers and feed ingredients and/or animal products you source or resell
 - Do not use this form for suppliers of livestock. For all organic animals you purchase, document suppliers on the [L6.1 Livestock Suppliers](#)
- ▶ Attach organic certificates for all certified suppliers.
 - In [L9.0 Record Keeping](#), describe your certificate monitoring practices to verify the organic status of the products you source and prevent organic fraud.
- ▶ If any suppliers are uncertified (e.g. brokers/distributors), list both the uncertified supplier and the certified operation they source from in the Supplier column above and attach an Exempt Handler Affidavit (EHA) completed by the uncertified supplier. Products must be enclosed in sealed, tamper-evident retail packaging when acquired by the uncertified supplier and must remain in that packaging while under their control. CCOF will review the EHA and notify you if certification of the supplier is required.
- ▶ An [Excel version](#) of this document is available at www.ccof.org/resources or by contacting CCOF.
- ▶ Update this master list as you add and remove suppliers. Highlight **new suppliers or products in yellow** and **removed suppliers or products in blue** to simplify updates.
- ▶ All feed supplements, vitamins, minerals, and feed additives must be approved on your OSP Materials List.

Supplier	Certifier of Supplier <i>Include current certificates</i>	Item Supplied <i>List one item per line, match organic certificate</i>	Organic? Y/N	Date added to L7.1
<i>Ex.: Ron's Hay Broker</i>	<i>Ex.: CCOF</i>	<i>Ex.: Alfalfa Hay</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Ex.: 3/3/2020</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	