



Operation Name: _____ **Date:** _____

- ▶ Complete this form if you process organic products or take physical possession of products you sell or distribute.
- ▶ Complete one form for each facility/location. Once certified, your CCOF Client Profile lists your facilities, available on MyCCOF.org.

A. General Information

1) Facility Name: _____

Facility Tax ID: _____

2) Do you (check one):

- Own this facility Lease this facility

Only facilities that you own or lease can be included in your certification. Facilities that you do not own or lease must apply for separate certification.

3) Is all equipment used to process organic products in place on site?

Inspection cannot occur until the facility is ready for production.

- Yes, indicate date when you would like to begin organic production: _____
- No, indicate date when facility will be ready for production: _____

4) Is facility information requested below in this section identical to the physical location address provided on your [CCOF Certification Contract](#)?

- Yes. Skip to section B No

5) Site Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

6) Each facility located in California must register with the state prior to first sale Not applicable, not located in California

a) CDFA (grower and post-harvest handling) or CDPH (processing) registration number: _____

7) Contact (Name/Title): _____

8) Phone: _____ Fax: _____

9) Email(s): _____

10) Is this facility currently certified organic by another certifier?

- No Yes, provide name of certifier: _____

11) Has this facility or any responsibly connected person with this facility ever previously applied for organic certification or been granted organic certification by any certification agency? *NOP 205.2 "Responsibly connected" - Any person who is a partner, officer, director, holder, manager, or owner of 10 percent or more of the voting stock of an applicant or a recipient of certification or accreditation.*

- No. Skip to section B. Yes. Complete this section and provide name of certifier: _____
- a) Was this facility's organic certification ever suspended or revoked? Yes No
- b) Was any person responsibly connected to this facility ever suspended or revoked? Yes No
- c) Did you surrender your certification with outstanding noncompliances or conditions? Yes No
- d) Was your application for organic certification ever issued a denial? Yes No
- e) Did you withdraw your application for certification with outstanding noncompliances? Yes No

12) If you answered yes to 11 a, b, c, d, or e above, please list the years and agencies, attach copies of all letter(s) describing noncompliances, denial, suspension, and/or revocation and a description of all corrective actions:





Year(s):

Letters and corrective actions attached

B. Facility Activities, Site Plan and Product Flow

- 1) Processing or handling activities, ex: baking, cooling: _____
- 2) Attach 8.5 x 11" site map(s) showing all organic processing and storage areas (may be hand drawn). Identify all equipment, machinery, grading stations, and storage areas used for organic products. Map attached
- 3) Attach either a written description or a schematic product flow chart that describes or shows where and how ingredients or products are received, stored, processed, packaged, and warehoused. Attached
 - Submit a separate flow chart for each production type.
 - The flow chart(s) must include all organic production steps.
 - Include all equipment, machinery, grading stations, and storage areas used for organic products, and indicate where ingredients are added or processing aids are used.
 - If product moves through different facilities, describe the flow across different facilities and submit an organic certificate for any contracted facility. *You must request updated certificates at least annually.*

