CCOF BUSINESS CHANGE CONTRACT

- Complete this form if a change to an organic business you manage or own results in a new Tax ID, business structure, or owner. Other business changes may also require this form to be submitted, at CCOF's discretion.
- Depending on the nature of the business changes, we may require an inspection prior to production or a full new application for certification.
- If your business is splitting into multiple operations, each separate operation must complete a Business Change Contract.
- **You are responsible for reviewing and understanding your Organic System Plan (OSP). Obtain a copy of the Organic System Plan from the previous owner or contact CCOF.** Keep a copy of all documents submitted to CCOF for your records.
- You are responsible for maintaining all organic records for the past five (5) years, **which may include records generated prior to submission of this application.**
- Find all forms at **www.ccof.org/documents**. Send completed forms to inbox@ccof.org.
- You will be billed a $350 nonrefundable application fee.

- **Complete and send this 5-page form to apply for certification of a new business**
  Email to: inbox@ccof.org Or Mail to: CCOF, 877 Cedar Street, Suite 248, Santa Cruz, CA 95060

A. Describe What Has Changed:

1) **Management:** _____

2) **Business name or structure.** *Attach a diagram if relevant:*

_____

3) **I attest that I have obtained and reviewed a copy of the Organic System Plan (OSP) by doing one of the following:**
   - ☐ N/A, authorized contact remains the same.
   - ☐ Received from previous owner or authorized contact.
   - ☐ I have been added as an authorized contact, set up a MyCCOF account, and downloaded from the MyCCOF OSP tab.
   - ☐ I have requested a copy from CCOF. *Per the CCOF Certification Services Manual, "Reproduction and information" fees apply*.
   - ☐ Other: _____

4) **Describe access to records** from previous owner or authorized contact for the past five (5) years:
   ☐ N/A, authorized contact remains the same ☐ Received from previous owner or authorized contact
   ☐ Do not have access to records. Describe why:

   _____

5) **Describe any changes** in practices, crops, products, brands, locations below. ☐ N/A, no changes
   Attach updated OSP forms. Blank forms can be found at www.ccof.org/documents.

   _____

6) 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 question.
   ☐ Annually ☐ Quarterly ☐ Monthly
   ☐ Other (describe): _____

B. Previous Operation Information

1) **Business Name:** _____
   DBA: _____
   CCOF Certification ID (example: *ab123*): _____ Tax ID#: _____

2) Previous Owner Surrender of Certification (if applicable):

_____

Name/Title **Signature** **Date**

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C. New Operation Information

1) **Business Name:** _____

DBA: _____

Phone: _____ Ext: _____ Fax: _____

Website: _____

2) **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: _____

3) Physical Location of Your Operation**.**

*Where organic production occurs, or records are kept (for broker/trader/private label owners). Your physical location will be inspected and will be listed on your organic certificate***:**

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)

Preferred written communication method: ☐ Email ☐ Postal Mail

D. New Contact Information ☐ No Change

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.**

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. ☐ No Change

CC: ☐

Name/Title Phone number Email

CC: ☐

Name/Title Phone number Email

CC: ☐

Name/Title Phone number Email

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E. Certification Program Information

1) Does this business produce or handle:
☐ Both organic and nonorganic product(s) ☐ Organic product(s) only ☐ Organic and transitional product(s)

2) Please indicate any markets you export to directly or indirectly (as an ingredient or through brokers/traders etc.).
☐ Canada ☐ Europe/UK ☐ Japan ☐ Korea ☐ Taiwan ☐ Switzerland ☐ Mexico
☐ Other: _____

3) Is the **new business** currently certified organic by another certifier?
☐ No ☐ Yes, attach certificate and completed **Certification Transfer Form**

4) Has the **new business** or any responsibly connected person with the new business ever applied for, or been granted, organic certification? *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 F. ☐ Yes. Complete this section and provide name of certifier: _____

a) Was the business' or responsibly connected person with the new business' 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

5) 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: _____

F. New Business 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 postharvest handling): _____

2) Department of Health Services Organic Registration number (processing): _____

G. 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.

1) **All Operations:** Current or expected total value of certified organic production/sales/services (gross, next 12 months)

_____

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.

_____

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.

_____

c) **Retail and Restaurant operations:** Current or expected number of stores (next 12 months).

_____

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H. Parcel Transfer (Growers Only)

☐ Not applicable, no growing activities/parcels.

1) 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).

   ☐ Current Client Profile Attached

   ☐ Current Map Attached. If acreage on map does not match what is listed on the Client Profile, please explain:

   _____

2) Crops: List crop(s) to be grown, with specific acreage of each crop:

   _____

3) Transfer Authorization: An authorized representative of the CCOF operation your parcel(s) are currently part of must sign below.

   I authorize the transfer of the parcel(s) identified above to the CCOF certification of the company named in part C of this form, and attest that no prohibited materials (as defined under NOP regulations) have been applied to the parcel(s).

   _____

   Name/Title Signature Date

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CCOF BUSINESS CHANGE CONTRACT

Operation Name: _____ **Date:** _____

I. 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 and any responsibly connected person 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: Comply** with the requirements set forth in the CCOF GMA Manual.
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 at least once per calendar year 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.
5) **For all operations**: The New Operation (as identified in Section C(1)) agrees to comply with any and all outstanding requirements, or conditions of ongoing certification, imposed on the Previous Operation (as identified in Section B(1)) under: (i) any prior notice of noncompliance, proposed suspension, suspension, proposed revocation, revocation or denial issued to the Previous Operation by CCOF, or (ii) any settlement agreement or consent decree entered into by the Previous Operation with CCOF and/or any government entity in order to resolve any notice, charge or claim related to compliance with applicable standards of organic production and handling. The New Operation further agrees to pay any and all fees charged to the Previous Operation by CCOF and not paid by the Previous Operation as of the date this Application is signed by the applicant.

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:** _____

J. Public Profile Information (Optional)

Use these options to describe the **new business.** This information will be used to populate your online directory profile and to help CCOF promote your unique operation.

1) Online Presence:

☐ Facebook: _____ ☐ Linkedin: _____

☐ Instagram _____ ☐ Pinterest: _____

☐ Twitter _____ ☐ Youtube: _____

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):

K. Additional Service Opportunities (optional)

Check any additional services you may be interested in and a CCOF representative or partner organization will contact you.

☐ GLOBALG.A.P ☐ PrimusGFS ☐ Regenerative Organic Certified (ROC)

☐ OCal Cannabis Certification (CA operations only) ☐ OPT Grass-Fed Program

☐ Other: _____

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