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| **Operator #:** |  | | | **Operation Name:** | | |  | | | | | | | | | | | | | **Date:** | | |  |
|  |  | | |  | | |  | | | | | | | | | | | | |  | | |  |
| **A. Business Information** | | | | | | | | | | | | | | | | | | | | | | | |
| Business Name: | | |  | | | | | | | | | | | | | | | | | | | | |
| Doing Business As: | | |  | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | |  | | | | | | | | | | | City: | | |  | | | | | | |
| State/Province: | | |  | | | | | Zip/Postal Code: | | | |  | | | | | Country: | | | |  | | |
| Phone: | | |  | | | | | | | Ext: |  | | | Fax: | | | | |  | | | | |
| Email: | | |  | | | | | | | | | | | Website: | | | | |  | | | | |
| Legal Status:  Sole Proprietorship  Partnership  Corporation  LLC | | | | | | | | | | | | | | | | | | | | | | | |
| **B. Primary Inspection Address** | | | | | | | | | | | | | | | | | Same as mailing address | | | | | | |
| Address: | |  | | | | | | | | | | | | City: | | |  | | | | | | |
| State/Province: | |  | | | | | | Zip/Postal Code: | | | |  | | | | | Country: | | | |  | | |
| Phone: | |  | | | | | | | | Ext: |  | | | Fax: | | | | |  | | | | |
| Email: | |  | | | | | | | | | | | | Website: | | | | |  | | | | |
| How would you like to receive time sensitive notifications (e.g. Notice of Noncompliance, Renewal paperwork)?  Mail  Email | | | | | | | | | | | | | | | | | | | | | | | |
| **C. Contact Information** | | | | | | | | | | | | | | | | | Same as previous year | | | | | | |
| **Primary Contact:** Please designate one person in your operation to be OCIA’s Primary Contact. This person will be listed in OCIA 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. | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | Title: | | |  | | | | | | |
| Phone: | |  | | | | | | | | Ext: |  | | | Fax: | | |  | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | | | | |
| **Additional Contacts:** Please list all people at your operation authorized to meet with inspectors, modify the OSP, or otherwise act on behalf of the company. Attach an additional list if necessary. | | | | | | | | | | | | | | | | | | | | | | | |
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| Name/Title | | | | | Phone | | | | | | | | | | Email | | | | | | | | |
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| Name/Title | | | | | Phone | | | | | | | | | | Email | | | | | | | | |
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| Name/Title | | | | | Phone | | | | | | | | | | Email | | | | | | | | |
| **D. Directions** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Please provide directions to the inspection location(s) and indicate when you are available to contact. | | | | | | | | | | | | | | | | | | | | | | | |
| **E. Membership** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are you currently a member of an OCIA recognized chapter?  YES  NO  If **YES**, please specify the chapter: | | | | | | | | | | | | | | | | | | | | | | | |
| 2. If you are a member of OCIA, would you like to designate $10 of your Membership Fee to OCIA Research & Education? This will not change what you owe OCIA. If marked “yes,” $10 of your already paid membership fee will be transferred to OCIA R&E to help support organic farming research.  YES  NO  N/A (not a member) | | | | | | | | | | | | | | | | | | | | | | | |
| **F. Certification History** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are you currently certified or have you been certified by another certification agency in the past year?  YES  NO  If **YES**, please list the agency, your current status, and the organic program(s) granted by the agency. Please provide copies of all adverse action notices received within the past year, a copy of the most recent organic certificate, certification decision letter, and surrender acknowledgement (if applicable). | | | | | | | | | | | | | | | | | | | | | | | |
| **G. Update on Previous Noncompliances** | | | | | | | | | | | | | | | | | | | | | | | |
| I did not have any noncompliance(s) or Opportunity for Improvement (s) after my last inspection.  **OR**  I confirm that the corrective actions as previously outlined in my response to OCIA are still in effect (if applicable) and that I am aware of the Opportunities for Improvement and Points of Information issued. Use the space below to provide comment or update on any noncompliance and/or Opportunity for Improvement. Attach additional information if necessary. | | | | | | | | | | | | | | | | | | | | | | | |
| **H. Programs Requested** | | | | | | | | | | | | | | | | | | | | | | | |
| **Program** | | | | | | **Crop**  **Production**  **(including mushroom/sprouts, greenhouse crops, wild crop collection, and wild aquaculture collection)** | | | **Maple**  **Production** | | | | **Livestock Production** | | | **Apiculture** | | | | | | **Handling/Processing**  **(including Processed Livestock Feed, and Broker/Trader)** | |
| OCIA International Standards | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| OCIA Shade Grown Coffee\* | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| Canadian Organic Regime (COR) Organic Product Certificate | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| Attestation of Service^ | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| Organic Packaging and Labelling^ | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| Japan Agricultural Standard (JAS)\* | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| US-Canada Equivalence Arrangement | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| Canada-Costa Rica Equivalency Arrangement\*\* | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| Canada-EU Equivalency Arrangement\*\* | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| UK-Canada Organic Equivalence Arrangement\*\* | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| Canada-Japan Equivalence Arrangement\*\* | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| Canada-Switzerland Equivalency Arrangement\*\* | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| Canada Taiwan Organic Equivalency Arrangement\*\* | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| UTZ Certified\* | | | | | |  | | |  | | | |  | | |  | | | | | |  | |
| \*Requires the submission of additional documents. Please contact your OCIA Regional Office for the appropriate forms.  \*\*Only available to operations located in Canada. Brokers are ineligible if product is produced--or has final processing/packaging--outside of Canada.  ^Only offered to operations providing contractual services under COR. Packaging and Labelling is available to operations providing packaging and labelling services (any further processing requires choose Canadian Organic Regime (COR). Attestation of Compliance is available to operations providing any other (i.e. not packaging and labelling) services. | | | | | | | | | | | | | | | | | | | | | | | |
| **I. Organic System Plan Update** | | | | | | | | | | | | | | | | | | | | | | | |
| Please review your entire Organic System Plan from the previous year. If changes need to be made to a module, please complete the entire module and submit with this application. | | | | | | | | | | | | | | | | | | | | | | | |
| The Organic System Plan (OSP) for my operation is accurate at this time and to the best of my ability to anticipate changes for the coming year; my OSP does not need to be updated at this time. I have already provided OCIA with information regarding changes.  **OR**  The OSP for my operation needs to be updated. Please list updated OSP modules below and attach. | | | | | | | | | | | | | | | | | | | | | | | |
| **J. Affirmation** | | | | | | | | | | | | | | | | | | | | | | | |
| I affirm that all statements made in this application are true, correct, and complete. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate. I understand that acceptance of this form in no way implies granting of certification by OCIA. I agree to abide by OCIA International Bylaws and the certification standards and/or certification requirements applicable to my operation. I agree to notify OCIA International in writing of changes in any of the following: operation contact information, legal status, ownership or control of the operation, or any change in the operation that may affect its compliance. I agree to pay all fees assessed by OCIA. I affirm that I understand the standards/regulations for the specific programs that I have requested and that the requested products were produced/handled in accordance to these standards/regulations. | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized Representative Signature: | | | | | | | | | | | | | | | | | | Date: | | | | | |