*For requesting organic certification for an item and/or program in addition to what is listed on your* Production Overview or Livestock Plan Management*.* ***Please be aware that certification/verification to additional programs cannot be granted if the program(s) were not part of the scope of the annual inspection unless an additional inspection is performed (Note: this also means each individual field had to be inspected under the scope of the requested program).***  *Additional inspection for trade and equivalency agreements is not needed. Also be aware that adding additional programs/equivalencies may require additional fees. Please contact your certification coordinator with any questions regarding fees or if an additional inspection is required.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Operator #: |  | | Operation Name: | | |  | | | | Date: | |  | | |
|  |  | |  | | |  | | | |  | |  | | |
| **Programs Requested - Check ALL the programs for which you are requesting certification, verification, or equivalency.** | | | | | | | | | | | | | | |
| **Program** | | | | | **Crop**  **Production**  **(including wild crop collection)** | | **Maple Syrup**  **Production** | | | | **Livestock** | | | **Apiary** |
| National Organic Program (NOP) | | | | |  | |  | | | |  | | |  |
| US-Canada Equivalence Arrangement | | | | |  | |  | | | |  | | |  |
| EC (EU)\*\*\* | | | | |  | |  | | | |  | | |  |
| Ley de Productos Orgánicos de México (LPO) | | | | |  | |  | | | |  | | |  |
| RTPO (Peru) | | | | |  | |  | | | |  | | |  |
| UK (Great Britain) \*\*\* | | | | |  | |  | | | |  | | |  |
| Japan Agricultural Standard (JAS)\* | | | | |  | |  | | | |  | | |  |
| USDA-MAFF (JAS Equivalency)\*\* | | | | |  | |  | | | |  | | |  |
| US-EU Equivalence Arrangement\*\* | | | | |  | |  | | | |  | | |  |
| UK-US Organic Equivalence Arrangement\*\* | | | | |  | |  | | | |  | | |  |
| US-Korea Equivalency Arrangement\*\* | | | | |  | |  | | | |  | | |  |
| US-Switzerland Equivalency Arrangement\*\* | | | | |  | |  | | | |  | | |  |
| US-Taiwan Equivalencet Arrangement\*\* | | | | |  | |  | | | |  | | |  |
| Canada-Mexico Organic Equivalency Arrangement^ | | | | |  | |  | | | |  | | |  |
| OCIA International Standards | | | | |  | |  | | | |  | | |  |
| OCIA Shade Grown Coffee | | | | |  | |  | | | |  | | |  |
| \*Requires the submission of additional documents. Please contact your OCIA Regional Office for the appropriate forms.  \*\*Only available if operation is in the United States.  ^Only available if operation is in Mexico.  \*\*\*EC (EU) & UK are not available to U.S. -based operations. | | | | | | | | | | | | | | |
| **Additional Item Information \*\*This section must be completed\*\*** | | | | | | | | | | | | | | |
| I request certification for the additional certified product(s) and/or the additional program(s) for the following reasons *(Attach additional sheets if necessary.):* | | | | | | | | | | | | | | |
| **The following additional items are requested for certification this year:** | | | | | | | | | | | | | | |
| Type of Item  (crop, animal, product, etc.) | | Location/Field Numbers | | Total units (acres, heads, etc.) | | | Projected yields | Inspected Yes No | | | | | | |
|  | |  | |  | | |  |  | | | | |  | |
|  | |  | |  | | |  |  | | | | |  | |
|  | |  | |  | | |  |  | | | | |  | |
|  | |  | |  | | |  |  | | | | |  | |
|  | |  | |  | | |  |  | | | | |  | |
|  | |  | |  | | |  |  | | | | |  | |
|  | |  | |  | | |  |  | | | | |  | |
|  | |  | |  | | |  |  | | | | |  | |
| **Affirmation** | | | | | | | | | | | | | | |
| These products and/or programs were not listed on my Organic System Plan for the year, and are not listed on my current Production Overview or Livestock Plan Management. I would like this/these item(s) to be certified/verified to the indicated programs and added to my current inventory. I affirm that all statements made in this Affidavit are true, correct, and complete. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. No prohibited substances have been used on/fed to any livestock requested for certification. I also affirm that I understand the standards/regulations/equivalencies for the specific program(s) that I have requested and that the requested products were grown in accordance to these standards/regulations/equivalencies. | | | | | | | | | | | | | | |
| Authorized Representative Signature: | | | | | | | | | Date: | | | | | |
| **NOTE:** The Additional Processed Product/Production Line/Program Affidavit must be signed by the legal representative of the operation. These documents shall be considered executed by the operation when signed electronically. To sign electronically please use the following format **/FULL NAME (FIRST MIDDLE INITIAL LAST)/. Example: /John A. Smith/** Failure to electronically sign these forms will delay processing of the operation’s request | | | | | | | | | | | | | | |