**Instructions:** OCIA operations may use this form to requestorganic certification for a processed product, new process, and/or a new program or equivalency. For new products or processes, please complete this form and provide it along with the documents indicated in the *New Product Submission Checklist (INT-F-003).* For new programs or equivalencies, please complete and sign this form. To request new size for an already approved product, please provide the *Modified Label Affidavit.*

**Disclaimer:**Please note that certification cannot be granted if the program(s) were not part of the scope of the annual inspection. In such cases an additional inspection will need to be performed. 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.

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| Operation #: |       | Operation Name: |        | Date: |       |
|  |  |  |  |  |  |
| **Programs Requested - Check ALL the programs for which you are requesting certification, verification, or equivalency.**  |
| **Program** | **Handling/Processing** |
| 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 Equivalence 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 Peru. ^^Only available if the operation is in Mexico or Canada.\*\*\* EC (EU) & UK are not available to U.S. -based operations.  |
| **Additional Item Information**  |
| I request certification for the additional/modified certified product(s), production line(s), processes, and/or the additional programs for the following reasons (*Attach additional sheets if necessary*.):  |

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| **The following additional finished product(s) is/are requested for certification this year:** |
| **Product Name and Brand Name**Please include all trade names and brands to be certified. |  Weight(s)/Size(s) | Projected Annual Production |
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| **List all equipment used in processing the new product(s) and/or additional/replacement equipment installed in the existing production line:** |
| Machine | Capacity | Check if used for organic and conventional runs(✔)\* | Check if used for organic only(✔) |
|       |       | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  |
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|       |       | [ ]  | [ ]  |
| *\*If equipment is used for ORGANIC and CONVENTIONAL runs, provide equipment cleaning procedures and copies of logs and/or checklists that are maintained at the time of cleaning to verify the procedure followed.* |
| **Label Information** |
| **The following finished labels will be used on my organic products:** |
| Product  | Name Brand | Weight(s)/Size(s) | Label type | Requested Labeling Category |
|  |  |  | Retail | Non-retail | “100 % Organic” | “Organic” | “Made with Organic…”/”% Organic” | Indicates Organic Ingredients |
|  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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| **Affirmation** |
| These products and/or programs were not listed on my Organic System Plan for the year, and are not listed on my current Product Service List. I would like this/these product(s) and/or production line additions/changes to be certified/verified to the indicated programs/equivalencies and added to my organic certification. I affirm that all statements made in this Affidavit are true, correct, and complete. 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 processed in accordance to these standards/regulations/equivalencies. |
| Authorized Representative Printed Name: Signature: | Date (M/D/Y):  |
| **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. |