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| **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  Other: | | | | | | | | | | | | | | | | | | | | |
| Legal Representative: | | | | | | | | | | | | | | | | | | | | |
| **B. Primary Inspection Address** | | | | | | | | | | | | | | | | Same as mailing address | | | | |
| Address: |  | | | | | | | | | | | | | City: | |  | | | | |
| State/Province: |  | | | | | Zip/Postal Code: | | | | |  | | | | | Country: | | |  | |
| Phone: |  | | | | | | Ext: | | |  | | | | Fax: | | | |  | | |
| Email: |  | | | | | | | | | | | | | Website: | | | |  | | |
| **Guatemala operations only, please provide the GPS coordinates for the main production site:** | | | | | | | | | | | | | | | | | | | | |
| How would you like to receive time sensitive notifications (e.g. Notice of Noncompliance, Renewal paperwork)?  Mail  Email | | | | | | | | | | | | | | | | | | | | |
| **C. Contact Information** | | | | | | | | | | | | | | | | | | | | |
| **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. **Grower groups: please list at least two additional contacts here.** | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | |  | | | | | |
| Name | Title | | Phone | | | | | | | | | | | | Email | | | | | |
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| Name | Title | | Phone | | | | | | | | | | | | Email | | | | | |
|  |  | |  | | | | | | | | | | | |  | | | | | |
| Name | Title | | Phone | | | | | | | | | | | | Email | | | | | |
| **D. Directions** | | | | | | | | | | | | | | | | | | | | |
| 1. Please provide directions to the inspection location(s) and indicate when you are available to contact. | | | | | | | | | | | | | | | | | | | | |
| **E. Additional Inspection Locations** | | | | | | | | | | | | | | | | | | | Not Applicable | |
| Please list any additional locations under the control of the operation and that are part of the Organic System Plan (e.g. warehouse, storage, etc). Please note that additional processing locations must be within 4 miles of the operation and can be covered by this Organic System Plan, otherwise they require a separate certification. Locations that are different legal entities require their own certification. If space is needed for additional locations, please attached a separate sheet with all requested information indicated. | | | | | | | | | | | | | | | | | | | | |
| **Location type (warehouse, storage, etc):** | | | | |  | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | State: | | | | | | | Zip/Postal code: | | | | | | | | |
| **Location type (warehouse, storage, etc):** | | | | |  | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | State: | | | | | | | Zip/Postal code: | | | | | | | | |
| **Location type (warehouse, storage, etc):** | | | | |  | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | State: | | | | | | | Zip/Postal code: | | | | | | | | |
| **Location type (warehouse, storage, etc):** | | | | |  | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | State: | | | | | | | Zip/Postal code: | | | | | | | | |
| **Location type (warehouse, storage, etc):** | | | | |  | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | State: | | | | | | | Zip/Postal code: | | | | | | | | |
| **F. Membership & Fees** | | | | | | | | | | | | | | | | | | | | |
| 1. Are you requesting certification with OCIA as a Chapter member or Direct Associate?  Chapter If **CHAPTER**, please specify the chapter you have joined or will join:  Direct Associate | | | | | | | | | | | | | | | | | | | | |
| 2. If you indicated “Direct Associate” above, please indicate your previous year’s total organic sales (or for first-year operators, projected annual revenue for organic sales):  Not applicable, I am a member of a chapter  $0 to $20,000  $450,001 to $550,000  $20,001 to $30,000  $550,001 to $700,000  $30,001 to $40,000  $700,001 to $900,000  $40,001 to $60,000  $900,001 to $1,100,000  $60,001 to $80,000  $1,100,001 to $1,300,000  $80,001 to $110,000  $1,300,001 to $1,600,000  $110,001 to $150,000  $1,600,001 to $1,900,000  $150,001 to $200,000  $1,900,001 to $2,300,000  $200,001 to $250,000  $2,300,001 to $3,000,000  $250,001 to $350,000  $3,000,001 to $4,000,000  $350,001 to $450,000  $4,000,001 & up | | | | | | | | | | | | | | | | | | | | |
| 3. If you are a member of a chapter and are a processor, broker/trader, wild harvest, or maple syrup producer, please indicate your previous year’s total organic sales (or for first-year operators, projected annual revenue for organic sales):  Not applicable, I am a Direct Associate or Crop Producer  $0 to $50,000  $500,001 to $750,000  $50,001 to $100,000  $750,001 to $1,000,000  $100,001 to $250,000  $1,000,001 to $2,000,000  $250,001 to $500,000  $2,000,001 & Up | | | | | | | | | | | | | | | | | | | | |
| 4. 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) | | | | | | | | | | | | | | | | | | | | |
| **G. Certification History – New Applicants** | | | | | | | | | | | | | | | | | | | Not Applicable | |
| 1. Please list previous organic certification applications (agency, year(s) of application, organic standard(s) requested, outcome of application). Please provide copies of all previous adverse action notices, a copy of the most recent organic certificate (if applicable), certification decision letter, and surrender acknowledgement (if applicable). | | | | | | | | | | | | | | | | | | | | |
| 2. Please list current organic certification by other agencies, including organic program(s) granted by the agencies, for this operation or any operation certified by a responsibly connected person (i.e. someone who is a partner, officer, director, holder, manager, or owner of 10 percent or more of the voting stock on this OCIA application). | | | | | | | | | | | | | | | | | | | | |
| 3. If you are transferring to OCIA from another certification agency, have you ever been denied certification, received a Notice of Noncompliance, had your certification proposed for suspension or revocation, or had your certification suspended or revoked?  YES  NO  Not Applicable | | | | | | | | | | | | | | | | | | | | |
| 4. Is your certification currently suspended, withdrawn, or revoked? If yes, please provide all documentation requested in #1. Please note that under EU 2018/848, OCIA cannot certify operations whose certification was suspended or withdrawn by their prior certifier within the last two years.  YES  NO | | | | | | | | | | | | | | | | | | | | |
| 5. If you are currently suspended, please provide a current inventory of any products/crops that were certified organic prior to suspension. | | | | | | | | | | | | | | | | | | | | |
| **H. Certification History – Renewing Operations** | | | | | | | | | | | | | | | | | | | Not Applicable | |
| 1. Are you currently certified organic by or have you been certified by a certification agency **other than OCIA** in the past year?  YES  NO  If **YES**, please list ALL of the following information: certification 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).  Attached | | | | | | | | | | | | | | | | | | | | |
| **I.** **Responsibly Connected Parties** | | | | | | | | | | | | | | | | | | | Not Applicable | |
| 1. Please list any people who are responsibly connected to the operation on this application. A responsibly connected person is anyone who is a partner, officer, director, holder, manager, or owner of 10 percent or more of the voting stock of the applicant. If needed, please supply a separate attachment to list all responsibly connected people. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |
| Name | | | | | | | | | Title | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |
| Name | | | | | | | | | Title | | | | | | | | | | | |
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| Name | | | | | | | | | Title | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |
| Name | | | | | | | | | Title | | | | | | | | | | | |
| 2. If any responsibly connected person has other operations that are certified organic, please list the company or companies, certification agencies, and organic program(s) granted by the agencies:  Not Applicable | | | | | | | | | | | | | | | | | | | | |
| **J. Other Businesses or Activities** | | | | | | | | | | | | | | | | | | | | |
| 1. Do you have any other operations, including other certified operations, or businesses that engage in any other organic activities (e.g. brokering) or conventional activities?  YES  NO  If **YES**, please provide the company name(s) and explain their activities. | | | | | | | | | | | | | | | | | | | | |
| 2. **EC (EU) only:** Please mark the activities your operation completes:  Not Applicable, not requesting EU  Production  Preparation  Distribution  Storing  Export | | | | | | | | | | | | | | | | | | | | |
| **K. Programs Requested** | | | | | | | | | | | | | | | | | | | | |
| **Program** | | | | **Crop**  **Production**  **(including wild crop collection and vegetable production and wild collection for RTPO)** | | | | **Maple Syrup**  **Production** | | | | | **Livestock^** | | | | | **Apiary** | | **Handling**  **(including transformation and commercialization for RTPO)** |
| National Organic Program (NOP) | | | |  | | | |  | | | | |  | | | | |  | |  |
| US-Canada Equivalence Arrangement | | | |  | | | |  | | | | |  | | | | |  | |  |
| EC (EU)\*\*\* | | | |  | | | |  | | | | |  | | | | |  | |  |
| Japan Agricultural Standard (JAS)\* | | | |  | | | |  | | | | |  | | | | |  | |  |
| RTPO (Peru) | | | |  | | | |  | | | | |  | | | | |  | |  |
| UK\*\*\* | | | |  | | | |  | | | | |  | | | | |  | |  |
| US-Japan Equivalence Arrangement\*\* | | | |  | | | |  | | | | |  | | | | |  | |  |
| US-EU Equivalence Arrangement\*\* | | | |  | | | |  | | | | |  | | | | |  | |  |
| UK-US Organic Equivalence Arrangement\*\* | | | |  | | | |  | | | | |  | | | | |  | |  |
| US-Korea Equivalency Arrangement\*\*  *(processed products only)* | | | |  | | | |  | | | | |  | | | | |  | |  |
| US-Switzerland Equivalency Arrangement\*\* | | | |  | | | |  | | | | |  | | | | |  | |  |
| US-Taiwan Equivalence Arrangement\*\* | | | |  | | | |  | | | | |  | | | | |  | |  |
| Bird Friendly\* | | | |  | | | |  | | | | |  | | | | |  | |  |
| 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 located in the United States. Brokers are ineligible if product is produced--or has final processing/packaging--outside of the U.S.  \*\*\*U.S.-based operations cannot receive EC (EU)/UK. ^Livestock certification not available for Latin America. | | | | | | | | | | | | | | | | | | | | |
| **L. 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: | | | |