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| **A. 一般情報　Business Information** | | | | | | | | | | | | | | | | | | | | | | |
| 社名/Business Name: | |  | | | | | | | | | | | | | | | | | | | | |
| 事業者名/Doing Business As: | |  | | | | | | | | | | | | | | | | | | | | |
| 住所（郵送先）/ Mailing Address: | |  | | | | | | | | | | | 市/  City: | | |  | | | | | | |
| 県名/  State/Province: | |  | | | | 郵便番号/  Zip/Postal Code: | | | | |  | | | | | 国名/  Country: | | | |  | | |
| 電話番号/Phone: | |  | | | | | 内線/  Ext: | | |  | | | ファックス/  Fax: | | | | | |  | | | |
| メールアドレス/  Email: | |  | | | | | | | | | | | ＨＰアドレス/  Website: | | | | | |  | | | |
| 法的地位/Legal Status:  個人事業主/Sole Proprietorship  共同経営会社/Partnership  法人/Corporation  有限責任会社/LLC その他/Others | | | | | | | | | | | | | | | | | | | | | | |
| 法的代理人/Legal Representative: | | | | | | | | | | | | | | | | | | | | | | |
| **B.検査場所所在地等　 Primary Inspection Address** | | | | | | | | | | | | | | | | 上記と同じ/  Same as mailing address | | | | | | |
| 住所/  Address: |  | | | | | | | | | | | | 市/  City: | | |  | | | | | | |
| 県名/  State/Province: |  | | | | | 郵便番号/  Zip/Postal Code: | | | | |  | | | | | 国名/  Country: | | | |  | | |
| 電話番号/  Phone: |  | | | | | | 内線/  Ext: | | |  | | | ファックス/  Fax: | | | | | |  | | | |
| メールアドレス/  Email: |  | | | | | | | | | | | | ＨＰアドレス/  Website: | | | | | |  | | | |
| グアテマラの事業者のみ(日本は該当しません)**Guatemala operations only, please provide the GPS coordinates for the main production site:** | | | | | | | | | | | | | | | | | | | | | | |
| 期限付きの連絡(不適合の通知、更新の文書)をどのようにして受け取ることを望まれますか？（なお、OCIAジャパンではＥメールでお送りしております）How would you like to receive time sensitive notifications (e.g. Notice of Noncompliance, Renewal paperwork)?  Mail/郵送  Email／電子メール | | | | | | | | | | | | | | | | | | | | | | |
| **C.ご担当者　 Contact Information** | | | | | | | | | | | | | | | | | | | | | | |
| 主となる担当者：OCIAとの連絡で御社での主となる担当者を1名決めてください。この担当者の方がOCIA（オンライン、印刷物）のリストに記載されます。この担当者は御社の業務内容、有機の作業計画（OrganicSystemPlan）、実際の作業工程、申請する有機の基準についての知識を持ち、社を代表して行動する権限を持つ方でなければなりません。**/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. | | | | | | | | | | | | | | | | | | | | | | |
| 担当者名/  Name: |  | | | | | | | | | | | | 役職/  Title: | | |  | | | | | | |
| 電話番号/  Phone: |  | | | | | | 内線/  Ext: | | |  | | | ファックス/  Fax: | | |  | | | | | | |
| メールアドレス/Email: |  | | | | | | | | | | | | | | | | | | | | | |
| その他の担当者：検査の立ち合いや、ＯＳＰの修正などを代表して行う権限のある方が他にもいらっしゃる場合は、全ての方をリストアップしてください。必要に応じリストは追加してください。**/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. **農産グループ：　少なくとも2人以上の追加の担当者をリストアップしてください。　Grower groups: please list at least two additional contacts here.** | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |  | | |  | | | | |
| 名前　Name | | | 役職Title | | | | | | | | | | | | Phone | | | Email | | | | |
|  | | |  | | | | | | | | | | | |  | | |  | | | | |
| 名前　Name | | | 役職Title | | | | | | | | | | | | Phone | | | Email | | | | |
|  | | |  | | | | | | | | | | | |  | | |  | | | | |
| 名前　Name | | | 役職Title | | | | | | | | | | | | Phone | | | Email | | | | |
| **D.場所　Directions** | | | | | | | | | | | | | | | | | | | | | | |
| 1. 検査場所への行き方、連絡が可能な時はいつか、を書いてください。/Please provide directions to the inspection location(s) and indicate when you are available to contact. | | | | | | | | | | | | | | | | | | | | | | |
| **E. 追加の検査場所Additional Inspection Locations** | | | | | | | | | | | | | | | Not Applicable | | | | | | | |
| オペレーションの管理下にあり、OSPの一部である追加の場所(倉庫、保管場所など)をリストアップしてください。追加の加工場所はオペレーションの4マイル以内に位置し、このOSPでカバーされうることが必要です。そうでない場合、別個の認証が必要となります。法的に異なる事業体である場合は、それ自体の認証が必要です。このシートに書ききれない場合は、必要なすべての情報が記載された別のシートを添付してください。  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. | | | | | | | | | | | | | | | | | | | | | | |
| **場所のタイプ（倉庫、保管場所等）Location type (warehouse, storage, etc):** | | | |  | | | | | | | | | | | | | | | | | | |
| 住所Address: | | | | | | | | | | | | | | | | | | | | | | |
| 都市名City: | | | | 州名State: | | | | | | | | | | 郵便番号Zip/Postal code: | | | | | | | | |
| **場所のタイプ（倉庫、保管場所等）Location type (warehouse, storage, etc):** | | | |  | | | | | | | | | | | | | | | | | | |
| 住所Address: | | | | | | | | | | | | | | | | | | | | | | |
| 都市名City: | | | | 州名State: | | | | | | | | | | 郵便番号Zip/Postal code: | | | | | | | | |
| **場所のタイプ（倉庫、保管場所等）Location type (warehouse, storage, etc):** | | | |  | | | | | | | | | | | | | | | | | | |
| 住所Address: | | | | | | | | | | | | | | | | | | | | | | |
| 都市名City: | | | | 州名State: | | | | | | | | | | 郵便番号Zip/Postal code: | | | | | | | | |
| **場所のタイプ（倉庫、保管場所等）Location type (warehouse, storage, etc):** | | | |  | | | | | | | | | | | | | | | | | | |
| 住所Address: | | | | | | | | | | | | | | | | | | | | | | |
| 都市名City: | | | | 州名State: | | | | | | | | | | 郵便番号Zip/Postal code: | | | | | | | | |
| **場所のタイプ（倉庫、保管場所等）Location type (warehouse, storage, etc):** | | | |  | | | | | | | | | | | | | | | | | | |
| 住所Address: | | | | | | | | | | | | | | | | | | | | | | |
| 都市名City: | | | | 州名State: | | | | | | | | | | 郵便番号Zip/Postal code: | | | | | | | | |
| **F. メンンバーシップと料金　Membership & Fee** | | | | | | | | | | | | | | | | | | | | | | |
| 1.. チャプターメンバーもしくは準会員をしてOCIAに申請をしますか？/ Are you requesting certification with OCIA as a Chapter member or Direct Associate?　  Chapter  Direct Associate  チャプターの場合、入会しているか入会したいチャプターを記載してください/If **CHAPTER**, please specify the chapter you have joined or will join: | | | | | | | | | | | | | | | | | | | | | | |
| 2. 上記に「ダイレクトアソシエイト」と記載した場合は、前年度のオーガニック売上合計(または、初年度のオペレーターの場合は、オーガニック売上の予測年間収益)を記入してください。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. チャプターのメンバーで、加工業者、ブローカー/トレーダー、野生の収穫物、メープルシロップの生産者である場合は、前年のオーガニック売上の合計(または初年度のオペレーターの場合は、オーガニック売上の予測年間収益)を示してください。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. OCIAのメンバーでしたら、メンバーシップ費用のうち１０ドルをOCIA Research＆Educationに寄付していただけますか？これによってOCIAへ借金が生じるわけではありません。“YES”にマークされたら、あなたがすべてに支払われたメンバーシップ費用から10ドルがOCIA R&Eが有機農業のリサーチを行うのを支援するために使用されます。/ 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 (メンバーでない/not a member) | | | | | | | | | | | | | | | | | | | | | | |
| **G. 認証履歴－新規申請者　Certification History – New Applicants** | | | | | | | | | | | | | | | | | | | | | 該当しないNot Applicable | |
| 1. 過去の有機認証の申請(認証機関、申請年、申請した有機の基準、申請の結果) を列記してください。過去に受け取ったすべての不適合の指摘事項のコピー、最新の有機認証のコピー(あれば)、認証決定通知書、廃止の通知（あれば）を提出してください。/ 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. 他の認証機関から受けている現在の有機認証を、その有機のプログラムを含めて列記してください。これは、この事業者に対して又は関係する責任的立場の者により関連するすべての事業者についてが対象です（例：共同経営者、役員、取締役、所有者、管理職、このOCIA申請者の会社の株を10％以上もつ株主）/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. 他の認証機関からOCIAに移られる場合、認証を認められなかったことや、不適合通知を受け取ったことや、認証の停止や取消の予告や、認証の停止や取消をされたことがありますか？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. 認証は現在、保留中、取り下げ、もしくは廃止されていますか？YESであれば、1で要求されたすべての書類を提出してください。EU 2018/848に従い、OCIAは過去2年間に前の認証機関によって保留もしくは取り下げられた事業者を認証することができません。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.他の現在、認証の停止をされている場合、認証の停止を受ける前に有機認証をされていた製品や作物の現在の在庫をお知らせください。/ If you are currently suspended, please provide a current inventory of any products/crops that were certified organic prior to suspension. | | | | | | | | | | | | | | | | | | | | | | |
| **H. 認証履歴－更新申請者Certification History – Renewing Operations** | | | | | | | | | | | | | | | | | | | | | 該当しないNot Applicable | |
| 1. あなたはOCIA以外の他の認証機関によって、現在有機認証をされているか、過去1年認証されていましたか？Are you currently certified organic by or have you been certified by a certification agency other than OCIA in the past year?  YES  NO  はいの場合、認証機関名、現在の認証状況、および機関によって付与された有機プログラムなどすべてを記載してください。 過去1年以内に受け取ったすべての不適合の通知のコピー、最新の有機認証書のコピー、判定通知書、および廃止届（あれば）を提供してください。 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.責任ある関係者Responsibly Connected Parties** | | | | | | | | | | | | | | | | | | | | | | |
| 1. この申請書にあるオペレーションに責任のある人をリストアップしてください。責任ある関係者とは、パートナー、役員、取締役、株式保有者、マネージャー、または申請者の議決権株式の10%以上の所有者です。必要であればすべての責任者がリストアップされている別紙を付けてください。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 | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |
| Name | | | | | | | | | Title | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |
| Name | | | | | | | | | Title | | | | | | | | | | | | | |
| 2.責任のある人がオーガニック認証を受けている他のオペレーションを所有している場合、その会社名、認証機関、認証機関から与えられたオーガニック認証プログラム をリストアップしてください。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. 他の事業や活動　Other Businesses or Activities | | | | | | | | | | | | | | | | | | | | | | |
| 1. 他の有機の事業（他の認証を受けた活動を含む）または活動（仲買人など）もしくは一般的な事業をしていますか？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  もしYESであれば、会社名とその事業内容を答えてください。If **YES**, please provide the company name(s) and explain their activities. | | | | | | | | | | | | | | | | | | | | | | |
| 1. EC(EU)認証申請者のみ：　あなたの事業内容をチェックしてください。   **EC (EU) only:** Please mark the activities your operation completes:  該当しない、EU申請なしNot Applicable, not requesting EU  製造Production  半製品製造/下処理preparation  販売Distribution  保管Storing  輸出Export | | | | | | | | | | | | | | | | | | | | | | |
| **K. 申請プログラム　Programs Requested** | | | | | | | | | | | | | | | | | | | | | | |
| **プログラム/Program** | | | | | **農産/Crop**  **Production**  **(including wild crop collection and vegetable production and wild collection for RTPO)** | | | **メープルシロップ/Maple Syrup**  **Production** | | | | **畜産/Livestock^** | | | | | | | **養蜂Apiary** | | | **取扱業者（加工・商社など）Handling**  **(including transformation and commercialization for RTPO)** |
| National Organic Program (NOP) | | | | |  | | |  | | | |  | | | | | | |  | | |  |
| US-Canada Equivalence Arrangement | | | | |  | | |  | | | |  | | | | | | |  | | |  |
| EC (EU)\*\*\* | | | | |  | | |  | | | |  | | | | | | |  | | |  |
| Japan Agricultural Standard (JAS)\*日本の事業者は選ばないでください。 | | | | |  | | |  | | | |  | | | | | | |  | | |  |
| 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 | | | | |  | | |  | | | |  | | | | | | |  | | |  |
| ＊追加で提出の必要な書類があります。様式についてはOCIA事務局までお問合せください。/\*Requires the submission of additional documents. Please contact your OCIA Regional Office for the appropriate forms.  ＊＊米国内に所在する事業者のみ対象。製品の生産や、最終製造、包装がアメリカで行われた場合、ブローカーはこの対象外です。\*\*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.  ＊＊＊米国で事業を行う事業者はEC（EU）/UK認証を受けられません。\*\*\*U.S.-based operations cannot receive EC (EU) /UK. ^Livestock certification not available for Latin America. | | | | | | | | | | | | | | | | | | | | | | |
| **L. 合意内容　Affirmation** | | | | | | | | | | | | | | | | | | | | | | |
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| 代表者署名/Authorized Representative Signature: | | | | | | | | | | | | | | | | | 日付/Date: | | | | | |