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| **A. Business Information** | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Entity: | | |  | | | | | | | | | | | | | | | | | | | | |
| Doing Business As: | | |  | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | |  | | | | | | | | | | | | City: | |  | | | | | | |
| Province: | | |  | | | | 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: | |  | | | | | | |
| Province: | |  | | | | | Postal Code: | | | | | |  | | | | Country: | | |  | | | |
| Phone: | |  | | | | | | | | Ext: | |  | | | Fax: | | | |  | | | | |
| Email: | |  | | | | | | | | | | | | | Website: | | | |  | | | | |
| How would you like to receive time sensitive notifications (e.g., Notice of Noncompliance, Notice of Suspension, Renewal paperwork)?  Mail  Email | | | | | | | | | | | | | | | | | | | | | | | |
| **C. Other Locations to be Inspected** | | | | | | | | | | | | | | | | | | | | | | |
| OCIA must inspect all locations that are part of the operation, and COR requires that all locations be listed on the organic certificate. In addition to the addresses under A and B above, please list all *additional* production sites, including production locations, processing sites, harvest sites, and storage locations. **Locations only need to be listed once, even if used for multiple purposes.** For production locations, one address is sufficient for a group of adjacent fields. If more lines are needed than are below, please supply an attachment with the requested information.  **Please use the following guidance when choosing location types:** Production Site: Fields, harvest areas, collection areas, drying areas, post-harvest handling for non-handling operations  Processing Site: Where processing or handling occurs  Storage Location: Owned off-site warehouses or bins, bins under control of the operation, etc. | | | | | | | | | | | | | | | | | | | | | | |
| **Additional location #1:**  Production Site  Processing Site  Storage Location  Address: | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | Province: | | | | | | | | | Postal Code: | | | |
| **Additional location #2:**  Production Site  Processing Site  Storage Location  Address: | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | Province: | | | | | | | | | Postal Code: | | | |
| **Additional location #3:**  Production Site  Processing Site  Storage Location  Address: | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | Province: | | | | | | | | | Postal Code: | | | |
| **Additional location #4:**  Production Site  Processing Site  Storage Location  Address: | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | Province: | | | | | | | | | Postal Code: | | | |
| **Additional location #5:**  Production Site  Processing Site  Storage Location  Address: | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | | Province: | | | | | | | | | Postal Code: | | | |
| **D. 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. | | | | | | | | | | | | | | | | | | | | | | | |
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| Name | | | | Title | | | | Phone | | | | | | | | Email | | | | | | | |
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| Name | | | | Title | | | | Phone | | | | | | | | Email | | | | | | | |
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| Name | | | | Title | | | | Phone | | | | | | | | Email | | | | | | | |
| **E. Directions to Operation** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Please provide directions to the inspection location(s) and indicate when you are available to contact. | | | | | | | | | | | | | | | | | | | | | | | |
| **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 (including COR, USDA NOP, EU, JAS, etc), 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/cancellation acknowledgement (if applicable). | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Please list current organic certification by other agencies, including organic program(s) granted by the agencies (including COR, USDA NOP, EU, JAS, etc) | | | | | | | | | | | | | | | | | | | | | | | |
| 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 cancelled, either voluntarily or involuntarily? If yes, please provide all documentation requested in #1.  YES  NO | | | | | | | | | | | | | | | | | | | | | | | |
| 5. If your certification was cancelled, please provide a current inventory of any products/crops that were certified organic prior to cancellation. | | | | | | | | | | | | | | | | | | | | | | | |
| **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 (including COR, USDA NOP, EU, JAS, etc).    Please provide copies of all adverse action notices received within the past year, a copy of the most recent organic certificate (including certified product list), certification decision letter, and surrender acknowledgement (if applicable).  Attached | | | | | | | | | | | | | | | | | | | | | | | |
| **I. Update on Previous Noncompliances** | | | | | | | | | | | | | | | | | | | | | Not Applicable | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | |
| **J. Other Businesses or Activities** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you have any other 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. Are you requesting any of the following for organic certification under COR? Cannabis, cosmetics, pet food, tobacco, textiles, and/or natural health products?  YES  NO  If **YES** or **NOT SURE**, please contact OCIA before completing this application. | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Is your operation seeking organic certification as an importer of record in the United States?  YES  NO  If **YES** or **NOT SURE**, please contact OCIA before completing this application. | | | | | | | | | | | | | | | | | | | | | | | |
| **K. Programs Requested** | | | | | | | | | | | | | | | | | | | | | | | |
| **Program** | | | | | **Crop**  **Production** | **Mushroom/Sprouts** | | **Greenhouse**  **/Containers** | **Wild Crops** | | **Wild Aquaculture Collection** | | | **Maple Production** | | | **Livestock Production** | | **Apiculture** | **Handling/**  **Processing** | | **Processed Livestock Feed** | **Broker/**  **Trader** |
| Canadian Organic Regime (COR)  Organic Product Certificate | | | | |  |  | |  |  | |  | | |  | | |  | |  |  | |  |  |
| US-Canada Equivalence Arrangement | | | |  |  | |  |  | |  | | |  | | |  | |  |  | |  |  |
| Attestation of Service^ | | | | |  |  | |  |  | |  | | |  | | |  | |  |  | |  |  |
| Organic Packaging and Labelling^ | | | | |  |  | |  |  | |  | | |  | | |  | |  |  | |  |  |
| 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\*\* | | | | |  |  | |  |  | |  | | |  | | |  | |  |  | |  |  |
| Canada Mexico Organic Equivalency Arrangement\*\* | | | | |  |  | |  |  | |  | | |  | | |  | |  |  | |  |  |
| Canada -Korea Organic Equivalence Arrangement\*\* | | | | |  |  | |  |  | |  | | |  | | |  | |  |  | |  |  |
| OCIA International Standards | | | |  |  | |  |  | |  | | |  | | |  | |  |  | |  |  |
| OCIA Shade Grown Coffee\* | | | |  |  | |  |  | |  | | |  | | |  | |  |  | |  |  |
| Japan Agricultural Standard (JAS)\* | | | |  |  | |  |  | |  | | |  | | |  | |  |  | |  |  |
| \*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. For Canada-Korean agreement, only processed products (as defined by the Korean Food code) are eligible.  ^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. | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | |