| Organic Grower Plan Renewal Form |
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| **A. Renewal Request**Thank you for choosing Quality Certification Services as your organic certifier!To renew your organic certification please complete and submit this form along with the QCS Grower and Livestock Fee Payment Form and payment of fees. Name of Certified Operation:                                     QCS entity no.:                Date:                      Name and position of person completing this form:                                                    (NOTE: The name of the person completing this form must be an authorized representative of the operation listed in form OGP1 on file in the QCS office or as updated below.) **Check One**[ ]  **I wish to continue organic certification with QCS.** [ ]  **Surrender Organic Certification:** I do not wish to continue organic certification with QCS and hereby withdraw my organic system plan and surrender my organic certification. By surrendering my organic certificate I am withdrawing from organic certification under the NOP with Quality Certification Services. I understand that, unless I become certified again with QCS or another UDSA accredited certifier, I cannot sell, label or represent product as certified organic as per NOP 205.100 (c) 1. This in no way prevents me from applying or receiving organic certification either from QCS or from another USDA accredited certifier now or in the future. I have enclosed the organic certificate issued to me by Quality Certification Services.*To surrender your certification, please sign the affirmation at the end of this document, and submit this form to QCS along with the operation’s organic certificate.* ***Renewing operations please complete the remainder of this form.***

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| **CERTIFICATION CONTACT (Authorized Representative)**Certification contact address will appear on the organic certificate. | **BILLING CONTACT** Same as certification contact [ ]  |
| Contact person:       | Contact person:       |
| Address:        | Address:       |
| City:       | State:       | Zip:       | City:       | State:       | Zip:       |
| Country (if not located in United States):       | Country (if not located in United States):       |
| Phone:       | Fax:       | Phone:       | Fax:       |
| Email:       | Email:       |

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| **B. Previous Noncompliance(s), Minor Noncompliances and Provisions**1. Were you issued a Noncompliance or Minor Noncompliance during the previous certification cycle? [ ]  Yes [ ]  No
2. If yes: [ ]  Attach documentation of corrective action; OR

 [ ]  Confirm that corrective actions previously submitted to QCS have been implemented. Use the space below to provide comments/updates:       |
| **C. Crop Rotation**Complete the table below for **all (new and renewing)** parcels/fields requested for certification to demonstrate your crop rotation, including cover crops, for the last three years. Make copies or request extra forms for multiple parcels. Include all land/acreage that is requested for certification as fields, including fallow areas, building sites and natural areas. If no crops were grown in a particular field, write “none.”

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| **Parcel Name** | **Field Name/No.** | **Acres** | **Crops****Current Year** **20** | **Crops****Last Year****20** | **Crops****Two years ago****20** |
|       |       |       |       |       |       |
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| **D. Organic System Plan Update**1. Check one of the following options:[ ] There are no changes or anticipated changes for the coming year to the Organic Grower Plan (OGP) currently on file with and approved by QCS, or I have already provided QCS with information regarding changes. ***Complete Section E. Affirmation.***[ ]  The Organic Grower Plan (OGP) needs to be updated. ***Complete the remainder of this form. List updated sections of the Organic Grower Plan application and attach.***
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| **E. Changes to the Organic System Plan**1. Are you adding or removing any fields or parcels from your organic system plan? [ ]  Yes [ ]  No

If yes, please list below.

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| **Adding orRemoving** | **Parcel Name and Field #s** | **Physical Location** (Physical address, GPS coordinates, legal description, etc.) | **Acreage** | **Organic/****Transitional** |
| [ ]  Adding[ ]  Removing |       |       |       | [ ]  Organic[ ]  Transitional |
| [ ]  Adding[ ]  Removing |       |       |       | [ ]  Organic[ ]  Transitional |
| [ ]  Adding[ ]  Removing |       |       |       | [ ]  Organic[ ]  Transitional |
| [ ]  Adding[ ]  Removing |       |       |       | [ ]  Organic[ ]  Transitional |
| [ ]  Adding[ ]  Removing |       |       |       | [ ]  Organic[ ]  Transitional |
| [ ]  Adding[ ]  Removing |       |       |       | [ ]  Organic[ ]  Transitional |
| [ ]  Adding[ ]  Removing |       |       |       | [ ]  Organic[ ]  Transitional |
| [ ]  Adding[ ]  Removing |       |       |       | [ ]  Organic[ ]  Transitional |
| [ ]  Adding[ ]  Removing |       |       |       | [ ]  Organic[ ]  Transitional |
| [ ]  Adding[ ]  Removing |       |       |       | [ ]  Organic[ ]  Transitional |
| [ ]  Adding[ ]  Removing |       |       |       | [ ]  Organic[ ]  Transitional |

1. For each new parcel or field, please complete OGP 3: Land Use Affidavit and OGP 4: Adjoining Land Use, and submit a parcel map showing the location of organic and transitional fields, adjoining land uses, buffer zones, prominent natural features, water sources, greenhouses/high tunnels, buildings, storage areas, washing area, processing areas and curing areas. [ ]  Attached.
2. Are you adding or removing any inputs from your plan? [ ]  Yes [ ]  No. Please check the most recent list of inputs approved for your plan and sent to you by QCS with your current organic certificate or updated when inputs were last added to your plan.***If yes, please list below.***\*All inputs used by your operation must be disclosed to QCS, and that additional/new inputs must be submitted to QCS for review and approval **prior to use** to prevent unintended application of prohibited materials.

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| **Adding orRemoving** | **Product Name as it Appears On Label** | **Manufacturer** | **Function** |
| [ ]  Adding[ ]  Removing |       |       |       |
| [ ]  Adding[ ]  Removing |       |       |       |
| [ ]  Adding[ ]  Removing |       |       |       |
| [ ]  Adding[ ]  Removing |       |       |       |
| [ ]  Adding[ ]  Removing |       |       |       |
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1. Please describe any other deviations or amendments to the organic system plan made during the previous year and any other additions or deletions intended to be taken in the coming year pursuant to §205.200 that have not otherwise been disclosed to QCS or described above.
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| **F. Affirmation**This affirmation is submitted as part of the Organic Grower Plan Update application to allow QCS to assess the ongoing compliance of the certified operation with the National Organic Program Final Rule contained in 7 CFR 205. I have reviewed the Organic System Plan previously submitted to QCS and updated any and all sections in which the Organic System Plan has changed.I understand that knowingly submitting false information to QCS, including falsely attesting that there have been no change in the Organic System Plan, constitutes a false statement under §205.100 of the NOP Final Rule and §1001 of Title 18 of the United States Code, and may subject me and/or the certified operation to criminal and civil penalties. Further, I understand that certification under the NOP Final Rule and QCS policies creates a continuing obligation to inform QCS of all changes, additions, and deletions to the Organic System Plan. A failure to provide complete and truthful disclosure of changes to the OSP may lead to initiation of the noncompliance procedures in §205.662, and may culminate in the suspension or revocation of the operation’s organic certification and all persons responsibly connected with the operation.If subsequent inspection of the operation reveals that this application was incomplete or inaccurate, I understand that a Notice of Noncompliance may be issued. I also agree that any updated forms submitted by the operation to resolve the noncompliance will be reviewed by QCS staff at a charge to the operation of up to $100 per form. In addition, any subsequent inspection requested by QCS to verify the accuracy of such forms will be borne by the certified operation, even if the inspection is in addition to the regular annual inspection required by the NOP Final Rule. I agree that QCS has the right to request that the operation submit a complete OSP in any given year, or in all years, as QCS deems appropriate to assess compliance with the NOP Final Rule and QCS policies and procedures. I affirm that I am either the principal or an agent of the operation, and am authorized to conduct business, make representations, enter into contracts and otherwise conduct business on behalf of the operation for the purposes of organic certification. I consent and agree to the foregoing, and further affirm under penalty of law that the responses provided by me are true, correct, and complete:            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date (NOTE: The name of the signing party must be the same as the Certification Contact listed in form OGP1 on file in the QCS office or as updated on page 1.) |