***Thank you for choosing Quality Certification Services as your organic certifier!***

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| **Instructions:** To maintain compliance with the applicable organic standards and QCS policy, please complete and submit this form and submit to QCS prior to the anniversary date listed on the operation’s organic certificate. Also include the QCS Grower and Livestock Fee Payment Form and payment of fees if you are continuing certification.  ***Complete all sections of the update even if you are not making any changes to your organic system plan.*** Submit electronically via e-mail to [apply@qcsinfo.org](mailto:apply@qcsinfo.org) or by mail to the Gainesville office. All changes that may affect compliance must be notified to QCS *and approved* prior to implementation, including use of new lands, inputs, labels, or facilities. New lands and products must be approved by QCS and listed on the Organic Certificate Addendum (Product Verification Form) before they are represented as organic or are used to produce products represented as organic. **Maintain a copy of the completed application for your own records to ensure that the submitted plan is consistent with practices on your operation.** |
| A. Renewal Request |
| 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.)  **Please indicate your renewal preferences below for the organic standards or export arrangements applicable to your operation:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Organic Standard or Export Arrangement** | **Renew certification** | **Add to Organic System Plan\*** | **Surrender Certification\*\*** | **N/A – not adding or certified to this standard** | | USDA – National Organic Program |  |  |  |  | | EU Regulation 834/2007 and 889/2008 |  |  |  |  | | US-EU Organic Equivalence Arrangement |  |  |  |  | | US-Canada Organic Equivalence Agreement |  |  |  |  | | US-Japan Organic Equivalence Arrangement |  |  |  |  | | US-Taiwan Organic Export Arrangement |  |  |  |  | | US-Switzerland Equivalency Arrangement |  |  |  |  | | Bio Suisse Switzerland Compliance |  |  |  |  | | KRAV Sweden Extra Requirements |  |  |  |  | | Other (please specify) |  |  |  |  |   ***\*Operations adding a new organic standard or export arrangement to the organic system plan must complete and submit the applicable international section(s) of the Organic Grower Plan application.*** |
| ***\*\*Operations surrendering certification for one or more organic standard or export arrangement, please review and initial this statement, sign the affirmation at the end of this document, and submit to QCS along with the applicable organic certificate(s):***  I do not wish to continue organic certification with QCS for the standard(s) and/or export arrangement(s) checked under “Surrender Certification” in the table above, and hereby surrender my organic certification for the applicable standard(s). 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 USDA 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.             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |
| ***Complete the remainder of this form unless your operation is surrendering its entire organic crops certification.*** |

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| B. Annual Update Summary | | | | | |
| 1. Are there any changes to the operation’s legal name, dba, mailing address, physical address, contact information, authorized representatives, or legal description?  Yes  No If yes, update and submit OGP 1: Application. 2. Are you using a consultant?  Yes  No   If yes, is the consultant information correct on OGP 1: Application?  Yes  No If no, update and submit OGP 1: Application.   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:   1. 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. 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.   Are you adding or removing any inputs from your plan?  Yes  No ***If yes, please list below.***   |  |  |  |  | | --- | --- | --- | --- | | **Adding or Removing** | **Product Name as it Appears On Label** | **Manufacturer** | **Function** | | Adding  Removing |  |  |  | | Adding  Removing |  |  |  | | Adding  Removing |  |  |  | | Adding  Removing |  |  |  | | Adding  Removing |  |  |  | | Adding  Removing |  |  |  | | Adding  Removing |  |  |  | | Adding  Removing |  |  |  | | Adding  Removing |  |  |  |  1. Have you made, or do you anticipate changes to the Organic System Plan? (Check one) 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.   The Organic Grower Plan (OGP) needs to be updated. List updated sections of the Organic Grower Plan application and attach. | | | | | |
| ***Complete the remainder of this form even if there are no changes to the operation’s Organic Grower Plan.*** | | | | | |
| 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 and green manures, 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 field, write “none.” | | | | | |
| **Parcel Name/Number** | **Field Name/No.** | **Acres** | **Crops & Cover Crops**  **Current Growing Season**  **20** | **Crops & Cover Crops**  **Previous Growing Season**  **20** | **Crops & Cover Crops**  **Previous Growing Season**  **20** |
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| E. Parcels for Organic Production | | | | |
| 1. Are you adding or removing any fields or parcels from your organic system plan?  Yes  No If yes, please list each parcel **added to or removed from the Organic System Plan** in the table below.  * Do not list parcels that are already certified and remining on your plan * For each new parcel or field, complete and submit:   + OGP 3.B. Parcel Description   + OGP 3.C: Land Use Affirmation   + 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. | | | | |
| **Adding or Removing** | **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 |
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| Adding  Removing |  |  |  | Organic  Transitional |
| Adding  Removing |  |  |  | Organic  Transitional |
| F. Affirmation | | | | |
| 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 in this form. | | | | |
| 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 applicable organic standard to which the operation is certified. 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 USDA Organic Regulations. Further, I understand that organic certification under QCS policies and applicable organic standards 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 or sanctions as described in the applicable organic standard(s) 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 applicable organic standard(s).  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 applicable organic standard(s) 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 to the continuation of the QCS Organic Mark Licensing Contract on file with QCS.  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.) | | | | |

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| **Organic Grower Plan Renewal Form - Annual Update** | | | | | | | |
| **OGP 3: Parcel Information** | | | | | | | |
| 1. **PARCEL DESCRIPTION**   ***Instructions:*** Complete this page for ***each parcel*** requested for certification (make additional copies as needed). | | | | | | | |
| **Parcel Name/Number** | | | | | | **Date this form completed:** | |
| **Parcel Location** (complete physical address or GPS coordinates) | | | | **Acreage requested for certification** | | **List of structures on this parcel (e.g. hoop house, greenhouse, storage, etc.)** | |
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| **Driving Directions** – for parcels that do not have a street address or are inaccessible through on-line mapping | | | | | | | |
| **Parcel Map**  Attached  Provide a map or sketch of the entire parcel showing the location of all fields, field boundaries, **adjoining land uses, buffer zones**, prominent natural features, water sources, greenhouses/ high tunnels, buildings, storage areas, washing area, processing areas and curing areas. | | | | | | | |
| **Type(s) of Organic Certification Requested** | | | | | | | |
|  | **USDA – National Organic Program (for US and international based operations)**  ***Eligibility.*** *Per 7 CFR 205.202, the land must be managed in accordance with the provisions of §§205.203 through 205.206 and have had not prohibited substances, as listed in §205.105 applied to it for a period of 3 years immediately preceding the harvest of the crop. Land must have distinct, defined boundaries and buffer zones such as runoff diversions to prevent the unintended application of a prohibited substance to the crop or contact with a prohibited substance applied to adjoining land that is not under organic management.* | | | | | | |
|  | Organic Certification | | Transitional (land in transition that does not yet meet the requirements of §205.202) | | | | |
|  | **EU Regulation 834/2007 and 889/2008 Compliance Verification** **(for operations located outside of the United States)**  ***Eligibility.*** *Under Article 36 of EC Regulation 889/2008, organic production rules must have been applied on a parcel during a conversion period of: at least two years before sowing an annual crop; at least two years before grassland or forage are used as feed in organic farming; or at least three years before the first harvest of a perennial crop.* | | | | | | |
|  | Organic Certification | | Conversion (land in conversion to organic production) | | | | |
| **Field Information.** List all fields that are part of this parcel certification request. Make additional copies if needed. Buffers must be described in table and on maps for all fields adjacent to conventional production or other potential sources of contamination. | | | | | | | |
| **Field Name/#** | |  | |  |  | |  |
| **Acreage** | |  | |  |  | |  |
| **Crop(s)/Crop families – current year** | |  | |  |  | |  |
| **Crop(s)/Crop families – previous year** | |  | |  |  | |  |
| **Crop(s)/Crop families – 2 years prior** | |  | |  |  | |  |
| **Adjoining land uses**  (Check all that apply and label on map) | | organic production  conventional production  uncultivated/natural  other: | | organic production  conventional production  uncultivated/natural  other: | organic production  conventional production  uncultivated/natural  other: | | organic production  conventional production  uncultivated/natural  other: |
| **Buffer description** (e.g. cropland, trees, grass) | |  | |  |  | |  |
| **Buffer width** | |  | |  |  | |  |
| **Are crops harvested from buffer?** | | Yes  No | | Yes  No | Yes  No | | Yes  No |

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| **Organic Grower Plan Renewal Form - Annual Update** | | | | | | |
| **OGP 3: Parcel Information** | | | USDA Organic Regulations §§205.201-205.203 | | | |
| **C.** Land Use Affirmation | | | | | | |
| **INSTRUCTIONS:** Complete a separate Land Use Affirmation\* for each parcel (or acreage being added to an existing parcel) that is not already certified organic. If you have multiple parcels, make copies or request extra forms from QCS.  \****This form must be completed separately by each person who has had full management control of the parcel during the last 3 years/36 months for organic certification (1 year/12 months for transitional certification). Make copies as needed.*** | | | | | | |
| **Your Name** |  | | | | | |
| **Parcel Name** |  | | | | | |
| **I am the parcel’s**  (check one) | Current Owner  Previous Owner  Lessee  Previous Lessee  Manager  Previous Manager  Other (describe): | | | | | |
| I have/had **full management control** of this parcel during the time period from (date)  Until (date)   Present. (Use exact dates). | | | | | | |
| **Last known prohibited substance application.** To the best of my knowledge, (Check one): | | | | | | |
| No substances prohibited in organic production were applied to this parcel during my ownership/management. | | | | | | |
| One or more substance prohibited in organic production were applied during my ownership/management of the parcel. | | | | | | |
| Last prohibited substance (product name): | | | | Last application date: | | |
| Using the table below, list **ALL** inputs that have been applied to the land or crops during the time of your management, in the last three years/36 months, including fertilizers, soil amendments, pest/weed/disease control products, treated/pelleted seeds, inoculants, etc.  Additional pages attached **No inputs applied during my management in the last 3 years/36 months** | | | | | | |
| **Product Name as it Appears On Label** | | **Manufacturer** | **Last Application Date** | | | **Fields where applied** |
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| *I affirm that the answers given in this affirmation are true and correct and acknowledge that making a false statement in this affirmation is a violation of the NOP regulations and may lead to civil or criminal penalties.* | | | | | | |
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