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| **Organic Handler Plan Renewal Form** |
| Thank you for choosing Quality Certification Services as your organic certifier!  Use this form to renew your organic certification request or, if you no longer with to be certified, surrender your organic certificate.  Name of Certified Operation:                                     QCS entity no.:  Date:    Name and position of person completing this form:  **Check One**  **Confirm Renewal:** I wish to continue organic certification with QCS. To renew your organic certification please complete and submit the remainder of this form along with the QCS Processor/Handler Fee Payment Form and payment of fees.  **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. 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. 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. **Reason for Surrender:**     |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **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: | | | | |
| **Organic Handler Plan Renewal Form** |
| **A. Renewal Information**   1. Check one of the following options:There are no changes or anticipated changes for the coming year to the Organic Handler Plan (OHP) currently on file with and approved by QCS, or I have already provided QCS with information regarding changes. All products requested for certification are listed on the most current Product Verification Form issued by QCS. The Organic Hander Plan (OHP) needs to be updated. Complete and attach the applicable sections of the Organic Handler Plan application. 2. Do organic products contain non-organic yeast (§205.605(a)) or any non-organic agricultural ingredient(s) or processing aid(s) listed under NOP Rule §205.606: Nonorganically produced agricultural products allowed as ingredients in or on processed products labeled as “organic”?  Yes  No   If yes, list ingredient(s)/processing aid(s):  For each non organic agricultural ingredient or processing aid, provide verification that the product is not commercially available organically.  **Attachment**   1. The inspector will verify a current organic certificate for each organic ingredient and supplier. Have you obtained current organic certificates and certified products lists (issued within the last 18 months) for each organic ingredient and supplier?   Yes  No If you checked no, please be sure to do so prior to inspection. QCS reserves the right to request a copy of the current organic certificate for all organic ingredients at any time. 2. Were you issued a Minor Noncompliance during the previous certification cycle?  Yes  No  If yes, attach documentation of corrective action.  **Attachment** |
| **B. Changes to Organic System Plan**   1. Briefly describe changes to the organic system plan: 2. Check which forms have been updated and are attached to replace previously submitted sections of the Organic Handler Plan:   OHP 1  OHP 2  OHP 3  OHP 4  OHP 5  OHP 6  OHP 7  OHP 8  Other updated attachments (describe): |

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| **Organic Handler Plan Renewal Form** |
| 1. Are you requesting organic certification for any new products not currently listed on the Product Verification Form?   Yes  No If yes, please list below. Please be advised that all new products must be review and certified by QCS and appear on the Product Verification Form before being sold/marketed/represented as organic. Please attach a completed Organic Product Profile (OHP 2 A) for each new product listed below.  |  |  |  | | --- | --- | --- | | **Product Name** | **Brand Name/ID** | **Anticipated production start date** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  1. Are you changing the formulation (ingredients and/or suppliers) of any products currently listed on the Product Verification Form?  Yes  No   If yes, please list below. Please be advised that all new product formulations must be review and approved by QCS before being sold/marketed/represented as organic. Please attach a completed Organic Product Profile (OHP 2 A) for each updated product formulation listed below.   |  |  |  | | --- | --- | --- | | **Product Name** | **Brand Name/ID** | **Anticipated production start date for new formulation** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  1. Are you discontinuing any products and removing them from your organic system plan?  Yes  No If yes, please list below.  |  |  | | --- | --- | | **Product Name** | **Brand Name/ID** | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| **Organic Handler Plan Renewal Form** |
| **Affirmation**  This affirmation is submitted as part of the Organic Handler 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 OHP1 on file in the QCS office or as updated and attached to this affidavit.) |