| **OHP 1: Application** | | | | | USDA Organic Regulations §205.401 | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| All Organic System Plan changes must be notified to QCS *and approved* prior to implementation, including use of new lands, inputs, livestock or facility. Facilities and products are not approved for use until added to Organic Certificate. | | | | | | | | | | | | |
| Legal name of Entity: | | | | Operation Name: | | | QCS No. | | | | Date | |
| Mailing Address: | | | | | Physical Address:  Same as physical address | | | | | | | |
| City: | State: | | | City: | State: | | City: | | | | Zip Code: | |
| Country (if not located in United States): | | | | | Country (if not located in United States): | | | | | | | |
| Phone: | | Fax: | | | Phone: | | | | Fax: | | | |
| Check each associated organic or other system plan application you are submitting for this entity that may be grouped for inspection  None  Grower (Crops)  Livestock  Processor/Handler  Wildharvest  Grower Group  Apiculture  Global GAP  Harmonized GAP  Other: | | | | | | | | | | | | |
| **CERTIFICATION CONTACTS (Authorized Representative)**  Persons listed below are authorized to communicate with QCS on behalf of this operation. | | | | | | | | | | | | |
| **Name** | | **Role in Operation** (Owner, Manager, Billing, etc.) | | | **Phone** | | | | **E-mail** | | | |
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| **CONSULTANTS**  **Not Applicable (not using a consultant)**  (Please note that it is your responsibility to update QCS of any modifications to the consultant information). | | | | | | | | | | | | |
| Name: | | | | Name: | | | Name: | | | | | |
| How would you like QCS to communicate with the consultant? | | | | | | | | | | | | |
| No direct communication with the consultant | | | | | No direct communication with the consultant | | | | | | | |
| Communicate only with the consultant. Consultant is primary certification contact | | | | | | | | | | | | |
| Send copies of all documents (certificates, applications, etc.) to the consultant | | | | | | | | | | | | |
| Other (specify) | | | | | | | | | | | | |
| **DRIVING DIRECTIONS**  Please provide directions to the main operation for the inspector: | | | | | | | | | | | | |
| **A. OPERATION’S LEGAL DESCRIPTION**  **Attachment**  Please check the legal description that best fits your operation. Attach applicable documents showing legal description (e.g. incorporation, partnership agreement, registration, fictitious name filing) | | | | | | | | | | | | |
| A Sole Proprietorship operating under an individual name or a fictitious name (dba)  A Corporation (For Profit, Not for Profit, or LLC) | | | | | | | | A Partnership  Other unincorporated Association | | | | |
| **B. PROCESSING/HANDLING AND STORAGE FACILITIES (TO BE) USED FOR ORGANIC PRODUCTION, INCLUDING OFF-SITE STORAGE** Please note, off-site storage (owned or rented/contractors) may be inspected | | | | | | | | | | | | |
| **Facility Name** | | | **Physical Address** | | | **Function (e.g. ingredient storage, processing, etc.)** | | | | **Production Status (Check One)** | | |
| **Organic only** | | **Split** (organic & conventional) |
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| **C. GENERAL DESCRIPTION**  1. Is your operation a  primary or  contract processor? (If marked contract processor, complete B. Contract Processor below)  2. Please provide a general description of the products you process:  3. Provide an estimate of organic production processed by your facility:       %  4. Mark (x) the type(s) of process(s) involved in handling/processing the product(s):  Cooking  Baking  Curing  Heating  Drying  Mixing  Grinding  Churning  Separating  Distilling  Extracting  Slaughtering  Cutting  Fermenting  Preserving  Dehydrating Freezing Chilling  Cleaning  Milling  Wine Production  Manufacturing and packaging, canning, jarring or otherwise enclosing food in a container to process an organically produced agricultural product for the purpose of retarding spoilage or otherwise preparing the agricultural product for market.  Other, please explain: | | | | | | | | | | | | |
| **D. CONTRACT PROCESSOR**  **Not Applicable** 1. Do you contract with any handling/processing facility(s)?  Yes  No 1a. If yes, name and describe the facility(s)       2. Is the facility certified organic?  Yes No 2a. If yes, submit an organic certificate as an attachment.  **Attachment**       3. If no, is the facility subcontracted to you?  Yes  No 3a. If no, submit a handling/processing application for facility.  **Attachment** | | | | | | | | | | | | |
| **E. CERTIFICATION STATUS**  **Not Applicable (Have never been certified organic and have never previously applied for certification)** 1. Have you ever applied for organic certification in the past?  Yes  No  If yes, please specify the year(s) of application and the name of the certifier(s) applied to:  2. Is this operation currently certified?  Yes  No  If certified by an accredited certification agency *other than QCS*, please attach a copy of your current organic certificate.  **Attachment**  3. Were you issued a Minor Noncompliance during the previous certification cycle?  Yes  No  If yes, attach documentation of corrective action, unless submitted to QCS prior to renewal.  **Attachment**  4. Have you ever applied for and been denied organic certification?  Yes  No  If yes, attach a copy of the denial from the certifier.  **Attachment**  5. If you have been certified organic in the past, have you ever had your certificate suspended or revoked?  Yes  No If yes, attach a copy of the suspension/revocation from the certifier.   **Attachment**  Check  if you are applying for reinstatement of a suspended operation and attach a copy of your reinstatement request.  **Attachment**  6. If you are currently certified by another certifier, were you issued a Noncompliance, Proposed Suspension or Proposed Revocation during the previous certification cycle?     Yes  No If yes, attach a copy of the applicable notification(s), documentation of corrective action, and other relevant documents.   **Attachment** | | | | | | | | | | | | |
| **F. EXEMPT/EXCLUDED**  1. Is the operation exempt or excluded from certification?  Yes  No  1a. If exempt or excluded, do you understand that certification is not required and applying is considered a voluntary process?   Yes  No | | | | | | | | | | | | |
| **G. EXPORT/INTERNATIONAL CERTIFICATION**  **Not Applicable**  1. Will product(s) be exported?  Yes  No  2. If yes, please indicate the international certification that you are seeking in order to export your product?  US-European Union Equivalency Arrangement (complete OHP 12)  US-Canada Equivalence Arrangement (complete OHP 13)  US-Japan Equivalence Arrangement (complete OHP 14)  US-Taiwan Export Arrangement (complete OHP 15)  US-Switzerland Equivalency Arrangement (complete OHP 16)  US-Korea Equivalency Arrangement (complete OHP 17)  European Union 834/2007 & 889/2008 Regulation Compliance **–final processing outside of the US** (complete OHP 18)  European Union 834 & 889 -Switzerland Compliance Affirmation **–final processing outside of the US** (complete OHP 19)  BioSuisse Switzerland Compliance **–final processing outside of the US** (complete OHP 20)  KRAV Sweden Extra Requirements **–final processing outside of the US** (complete OHP 21) | | | | | | | | | | | | |