| **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) |
|       |       |       | **[ ]**  | **[ ]**  |
|       |       |       | **[ ]**  | **[ ]**  |
|       |       |       | **[ ]**  | **[ ]**  |
| **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)  |