**Application Form- Organic Certification**

Service Requested: ☐ New certification

**A. Company Information**

 1) Business Name:…………………………………………………………………………………………………………………………..

Website: ………………………………………………………………………………………………………………………………………….

Phone:………………………………………………………..Ext:……………………… Fax:……………………………………………..

**2) Business Information:**

Tax ID#: ………………………………………………………………………………………………………………………………………….

a)Sole Proprietorship.

Owner’s Name: ……………………………………………………………………………………………………………………………….

B)Partnership.

Owner’s Names: ……………………………………………………………………………………………………………………………..

titles:……………………………………………………………………………………

**3) Physical Location of Your Operation.**

Where organic production occurs, or records are kept (for broker/trader/private label owners): Address:………………………………………………………………………………………………………………………………………….

City:……………………………………………………………………………………………………………………………………………….

 State/Province:……………………………………… Zip/Postal Code:………………….. Country: ……………………….

**4) Mailing Address if different:**

Address:………………………………………………………………………………………………………………………………………..

City:…………………………………………………..State/Province:………………………………………………………………….

 Zip/Postal Code:……………………………………………………….Country:…………………………………………………….

**5) Billing Address if different:**

Address:………………………………………………………………………………………………………………………………………...

City: …………………………………………………………….State/Province:……………………………………………………….

 Zip/Postal Code:……………………………………………….Country:…………………………………………………………….

**B. Organic Operation Summary Help us understand your organic operation.**

List of documents to be attached:

a).Legal Status

b).Prodcut list –

c)Ingredient used

**C. Contact Information**

Primary Contact Please designate one person in your operation to be a Primary Contact. This person should be knowledgeable of your operation, your Organic System Plan, your operation’s activities, applicable organic standards, and have the authority to act on behalf of the company. All communication will be sent to this contact.

Name:…………………………………………………………………………………………………

Title:…………………………………………………………………………………………………..

Phone:………………………………………………………………………………………………..

Email(s):………………………………………………………………………………………………

 2) Additional Contacts Please list all people at your operation authorized to conduct inspections, meet with inspectors, modify the OSP, or otherwise act on behalf of the company. Check the CC box for contacts that should receive all communication along with the Primary contact listed above. Attach an additional list if necessary.

Name:…………………………………………………………………………………………………

Title:…………………………………………………………………………………………………..

Phone:………………………………………………………………………………………………..

Email(s):………………………………………………………………………………………………

**D. Certification Program Information**

Which organic standards are you applying to be certified to? Check all that apply:

NON-GMO

Vegan

Gluten-Free

Organic and Natural Cosmetic

**2) Does this operation produce or handle:**

Both organic and nonorganic product(s)

Organic product(s)

only Organic and transitional product(s)

Kindly Fill this application form and email to ……………………………………………………………………………, within 7 working days. Company will contact you once the procedure start.

I, the owner or legally authorized corporate representative, acknowledge the above General Requirements for CCOF certification and understand that any willful misrepresentation may be cause for denial of an application and sanctioning of certification. I authorize the person(s) listed above to act on behalf of my company in establishing or maintaining organic certification. I attest that all information in this application is true and accurate to the best of my knowledge:

Name/Title Signature Date

…………………………………. …………………………….. ………………….