



## Organic Process/Handling Short Form (ongoing certification update)

**Please fill out this questionnaire if you are a current NFC organic certified process/handler. Attach Organic Product Profile sheets for all products requested for certification and a current schematic product flow chart, facility map, and pest management map. You must submit an Organic system plan with this application. (This is a written plan that sketches out the various plans you have for your **organic operation for the next year** See section 205.201 of the NOP standards for a detailed description what you should include). Use additional sheets if necessary.**

Applicant/Company Name			Organic Certification Number		
Owner		Manager		Primary contact person	
Address			City		St/Prov
					Postal code
					Country
Phone		Fax		E-mail	
Preferred dates and times for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening					
Year company began	Number of employees	Name of person overseeing organic production			Do you understand <b>current</b> organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you have an employee training program for organic product permits/ processing/ handling? <input type="checkbox"/> yes <input type="checkbox"/> no		Government permits/ inspections			Year first certified
List previous organic certification by other agencies			List current organic certification by other agencies		
What year did you last submit a complete Organic Process/Handling Plan Questionnaire?					
List all conditions from last year's certification and state how the conditions have been addressed:					
Have you ever been denied, suspended, or had your certification revoked? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the circumstances:			
Type of processing/handling: <span style="float: right;"><input type="checkbox"/> Primary   <input type="checkbox"/> Contract vendor</span>					
If you are the primary processor, list your contract vendors:					<input type="checkbox"/> No contract vendor
CONTRACT VENDOR	ADDRESS			PHONE NO.	CERTIFIED BY
<b>Estimated annual total production:</b> _____ % organic      _____ % conventional					

List or attach a list of all products (organic and conventional) produced by your company:

**List of Organic Products Requested for Certification and Projected Annual Production:**

<i>Organic Product</i>	<i>Projected Production</i>	<i>Organic Product</i>	<i>Projected Production</i>

**Audit Control Summary of Certified Organic Products Sold from \_\_\_\_\_ to \_\_\_\_\_ :  
(or attach copy of most recent Audit Control Summary sheet)**

<i>Organic Products</i>	<i>Actual Production</i>	<i>Production Sold</i>	<i>Production Left to Sell</i>

I have reviewed my Organic Process/Handling Plan Questionnaire and verified it as accurate:

- Yes       No

If no, check the following categories where changes have been made:

- Background    Material inputs       Production system    Assurance of organic integrity
- Audit control    Quality assurance    Sanitation       Pest management
- Packaging and labeling       Storage       Transportation
- Waste management       Certification services       Organic Product Profiles

I affirm that all statements made in this application are true and correct. I agree to comply with the USDA - National Organic Program Rules and Regulations. I understand that my company may be subject to unannounced inspection and/or organic products may be sampled and tested for residues at any time. I agree to provide further information as required by the Natural Food Certifiers, the Administrator, or the state organic program in the area(s) of my operations.

\_\_\_\_\_  
Signature of Owner/Manager

\_\_\_\_\_  
Organic Certification Number

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Date