



Organic Process/Handling Re-Certification Short Form

Please fill out this questionnaire if you are requesting organic process/handling re-certification. Attach Organic Product Profile sheets for all products requested for certification and a current schematic product flow chart, facility map, pest management map, water test, and appropriate MSDS if required. 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 current 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 certification? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, describe the circumstances:					
Type of processing/handling:				<input type="checkbox"/> Primary	<input type="checkbox"/> Contract vendor	
If you are the primary processor, list your contract vendors:					<input type="checkbox"/> No contract vendor	
CONTRACT VENDOR	ADDRESS		PHONE NO.	CERTIFIED BY		

Estimated annual total production: _____% 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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Background | <input type="checkbox"/> Material inputs | <input type="checkbox"/> Production system | <input type="checkbox"/> Assurance of organic integrity |
| <input type="checkbox"/> Audit control | <input type="checkbox"/> Quality assurance | <input type="checkbox"/> Sanitation | <input type="checkbox"/> Pest management |
| <input type="checkbox"/> Packaging and labeling | <input type="checkbox"/> Storage | <input type="checkbox"/> Transportation | |
| <input type="checkbox"/> Waste management | <input type="checkbox"/> Certification services | <input type="checkbox"/> Organic Product Profiles | |

I/we, _____, operating under the company name of _____, do hereby affirm that all information supplied is true and accurate. I affirm my commitment to abide by the Organic Standards. No prohibited products or ingredients, including genetically engineered products, have been used, applied, or otherwise to compromise the integrity of the organic products sold by the company. I understand that failure to follow the Organic Standards or giving false information may result in the de-certification of the operation. I further understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time.

Signature of Owner/Manager

Organic Certification Number

Name of Company

Date