**Instructions:** Thank you for choosing Quality Certification Services as your organic certifier! Use this form to add additional grower group sub-unit(s) to your Organic Grower Plan outside of your annual renewal. Submit the completed application along with the Fee Payment Form and applicable fees to QCS by e-mail to apply@qcsinfo.org or by mail to the address listed above. Maintain a copy of the completed application for your own records to ensure that the submitted plan is consistent with practices on your operation.

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| AGGSU 1: Basic Information |
| Name of certified operation:             | QCS Entity #:            |
| Name and position of person completing this form:       | Date:       |
| AGGSU 2: Grower Group Membership Criteria |
| If you answer “no” to any question below, please provide an explanation.

|  |  |
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| 1. Is the management of all new grower group sub-units consistent with the approved organic system plan?
 | [ ]  Yes [ ]  No |
| 1. Are all new sub-units located within close proximity to the rest of the grower group?
 | [ ]  Yes [ ]  No |
| 1. Do all new sub-units produce the same crop(s) and share the same harvest schedule as described in the group’s organic system plan?
 | [ ]  Yes [ ]  No |
| 1. Will all new producers sell organic product(s) only through the grower group?
 | [ ]  Yes [ ]  No |
| 1. Will organic crops grown on the new sub-units be produced using the same farming practices, procedures and inputs as described in the approved Organic Grower Group system plan?
 | [ ]  Yes [ ]  No |
| 1. Will the new sub-units use the grower group’s centralized distribution and marketing system for organic crops?
 | [ ]  Yes [ ]  No |
| 1. Has each new sub-unit been visited by the grower group internal control system?
 | [ ]  Yes [ ]  No |
| 1. Has the internal control system verified that each new sub-unit conforms to the Organic Grower Group system plan and complies with the applicable organic standards?
 | [ ]  Yes [ ]  No |
| 1. Has each new producer participated in the training program described in the organic system plan to ensure they understand the organic regulations, how the regulations apply to their specific operations, and the practices outlined in the grower group’s organic system plan?
 | [ ]  Yes [ ]  No |
| 1. Submit a regional map showing location of new sub-units in relation to existing grower group. [ ]  Attached
 |
| 1. For each new sub-unit included in this application, attach the following documents:

[ ]  A copy of the grower group contract/agreement signed by each new producer [ ]  A completed Sub-Unit Description form (make copies of the pages below)[ ]  A Land Use Affirmation form, completed separately by each person who has had full management control of the land parcel during the last 3 years/36 months [ ]  Parcel map[ ]  Documentation of the Internal Control System site visit[ ]  Record of training for each new producer |

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| AGGSU 3: New Grower Group Sub-Units USDA Organic Regulation §205.202 & §205.203.(b)-(c) |
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| Sub-units are the distinct sites operated by grower group members where organic production occurs. All sub-units must follow the same organic system plan as implemented by the grower group’s Internal Control System (ICS). 1. Using the table below, list all sub-units used for organic crop production as part of this grower group. If multiple parcels (distinct land units) are operated by the same grower group member, each location must be listed as separate sub-units. All parcels must be reviewed by QCS for compliance prior to inspection. Make additional pages if necessary.
	1. Attach a separate Sub-Unit Description and Land Use Affirmation(AGGSU 4) for each sub-unit listed below. [ ]  Attachment
	2. Attach the organic certificate for any sub-unit that was previously certified as part of a different operation. [ ]  Attachment
 |
| **Producer Code** | **Producer Name** | **Sub-Unit/Farm Name**Check box if used for consolidation of crops from multiple sub-units. | **Acreage (to be certified)** | **Annual production (Estimated)** | **Date of last ICS site visit** | **Next ICS site visit (expected date)** | **Organic Status** |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |
|       |       |       | [ ]  |       |       |       |       | [ ]  Not currently certified [ ]  Currently certified |

| AGGSU 4: Sub-Unit Information |
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| **A. SUB-UNIT DESCRIPTION.** Complete this page for ***each sub-unit*** requested for certification (make additional copies as needed). |
| **Sub-Unit (Farm) Name:**       | **Date this form completed:**       |
| **Producer Name:**       | **Organic crop(s):**       |
| **Parcel Location** (complete physical address and GPS coordinates) | **Acreage requested for certification** | **List of structures on this parcel (e.g. hoop house, greenhouse, storage, etc.)** |
|       |       |       |
| **Driving Directions** – for parcels that do not have a street address or are inaccessible through on-line mapping      |
| **Parcel Map** [ ]  AttachmentProvide a map or sketch of the entire parcel showing the location of all fields, field boundaries, **adjoining land uses, buffer zones**, prominent natural features, water sources, greenhouses/ high tunnels, buildings, storage areas, washing area, processing areas and curing areas.  |
| **Type(s) of Organic Certification Requested** |
| [ ]  | **USDA – National Organic Program (for US and international based operations)*****Eligibility.*** *Per 7 CFR 205.202, the land must be managed in accordance with the provisions of §§205.203 through 205.206 and have had not prohibited substances, as listed in §205.105 applied to it for a period of 3 years immediately preceding the harvest of the crop. Land must have distinct, defined boundaries and buffer zones such as runoff diversions to prevent the unintended application of a prohibited substance to the crop or contact with a prohibited substance applied to adjoining land that is not under organic management.* |
|  | [ ]  Organic Certification | [ ]  Transitional (land in transition that does not yet meet the requirements of §205.202) |
| [ ]  | **EU Regulation 834/2007 and 889/2008 Compliance Verification (for operations located outside of the United States)*****Eligibility.*** *Under Article 36 of EC Regulation 889/2008, organic production rules must have been applied on a parcel during a conversion period of: at least two years before sowing an annual crop; at least two years before grassland or forage are used as feed in organic farming; or at least three years before the first harvest of a perennial crop.* |
|  | [ ]  Organic Certification | [ ]  Conversion (land in conversion to organic production) |
| **Field Information.** List all fields that are part of this parcel certification request. Make additional copies if needed. Buffers must be described in table and on maps for all fields adjacent to conventional production or other potential sources of contamination. |
| **Field Name/#** |       |       |       |       |
| [ ]  Acres[ ]  Hectares |       |       |       |       |
| **Crop(s)/Crop families – current year** |       |       |       |       |
| **Crop(s)/Crop families – previous year** |       |       |       |       |
| **Crop(s)/Crop families –** **2 years prior** |       |       |       |       |
| **Adjoining land uses**(Check all that apply and label on map) | [ ]  organic production[ ]  conventional production[ ]  uncultivated/natural[ ]  other:       | [ ]  organic production[ ]  conventional production[ ]  uncultivated/natural[ ]  other:       | [ ]  organic production[ ]  conventional production[ ]  uncultivated/natural[ ]  other:       | [ ]  organic production[ ]  conventional production[ ]  uncultivated/natural[ ]  other:       |
| **Buffer description** (e.g. cropland, trees, grass) |       |       |       |       |
| **Buffer width** |       |       |       |       |
| **Are crops harvested from buffer?**  | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No | [ ]  Yes[ ]  No |
| **B. LAND USE AFFIRMATION** |
| **INSTRUCTIONS:** Make copies and complete a separate Land Use Affirmation\* for each sub-unit (or acreage being added to an existing sub-unit) that is not currently certified organic.\****This form must be completed separately by each person who has had full management control of the land parcel during the last 3 years/36 months for organic certification (1 year/12 months for transitional/conversion certification). Make copies as needed.***  |
| **Your Name** |       |
| **Parcel Name** |       |
| **I am the parcel’s**(check one) | [ ]  Current Owner [ ]  Previous Owner [ ]  Lessee [ ]  Previous Lessee [ ]  Manager [ ]  Previous Manager [ ]  Other (describe):        |
| I have/had **full management control** of this parcel during the time period from (date) Until (date)  [ ]  Present. (Use exact dates). |
| **Last known prohibited substance application.** To the best of my knowledge, (Check one): |
| [ ]  No substances prohibited in organic production were applied to this parcel during my ownership/management. |
| [ ]  One or more substance prohibited in organic production were applied during my ownership/management of the parcel.  |
| Last prohibited substance (product name):  | Last application date:  |
| Using the table below, list **ALL** inputs that have been applied to the land or crops during the time of your management, in the last three years/36 months, including fertilizers, soil amendments, pest/weed/disease control products, treated/pelleted seeds, inoculants, etc. [ ]  Additional pages attached **[ ]  No inputs applied during my management in the last 3 years/36 months** |
| **Product Name as it Appears On Label** | **Manufacturer** | **Last Application Date** | **Fields where applied** |
|  |  |  |  |
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| *I affirm that the answers given in this affirmation are true and correct and acknowledge that making a false statement in this affirmation is a violation of the NOP regulations and may lead to civil or criminal penalties.* |
|      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) |      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date) |

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| AGGSU 5: Conversion of New Land to Organic Production – EU Export Only*Complete this section only if your operation is certified to export organic products to the European Union.* |
| ***Retroactive recognition of a previous period as part of the conversion period (Art. 36(2) R. 889/2008)***Land that is not certified organic must undergo a conversion period as defined in EC R. 889/2008 unless the operation request, and QCS grants, a derogation to retroactively allow a previously documented period in which the facilities were not treated or exposed to products not authorized for organic production to count towards the all or part of the conversion period. The producer must provide satisfactory proof that the parcel was not treated with products not authorized for organic production for at least three years immediately prior to certification. *Land that was previously a natural area:* The producer must submit evidence that the area was not used for agricultural production and confirm in writing that no prohibited substances were applied in the three year period. *Land previously used for non-organic agriculture.* The producer must have participated in a program implemented pursuant to Regulations (EC) no. 1257/99, (EC) 1698/2005, or in another official program (e.g. food safety program, conservation program, etc.); and provide documentation from the program administrator and provide complete production records to demonstrate that products not authorized for organic production were not used in the three years immediately preceding certification. 1. Does this application include a request to certify new (uncertified) land for organic crop production intended for export to the European Union? [ ]  Yes [ ]  No If yes, complete the questions in the tables below for each applicable parcel.

***Make copies of this page if needed.***

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| **Sub-unit requesting retroactive recognition of previous period as part of conversion period.**       |
| Previous Use:  | [ ]  Natural Area. Attach documentation – e.g. photos[ ]  Non-organic agriculture. List crops:      [ ]  Other. Describe:       |
| Did the sub-unit participate in an official program (e.g. food safety certification) with records demonstrating that the parcel was not treated with products prohibited for organic production for a period of at least three years?  | [ ]  Yes [ ]  NoWhat program(s):      [ ]  Records attached |
| Describe any additional documentation attached to demonstrate that products prohibited for organic production were not applied for a period of at least three years.       |

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| **Sub-unit requesting retroactive recognition of previous period as part of conversion period.**       |
| Previous Use:  | [ ]  Natural Area. Attach documentation – e.g. photos[ ]  Non-organic agriculture. List crops:      [ ]  Other. Describe:       |
| Did the sub-unit participate in an official program (e.g. food safety certification) with records demonstrating that the parcel was not treated with products prohibited for organic production for a period of at least three years?  | [ ]  Yes [ ]  NoWhat program(s):      [ ]  Records attached |
| Describe any additional documentation attached to demonstrate that products prohibited for organic production were not applied for a period of at least three years.       |

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| AGGSU 6: Affirmation |
| This affirmation is submitted as part of the Additional Grower Group Member Plan to allow QCS to assess the compliance of the new parcel(s) and grower group member(s) with the National Organic Program Final Rule contained in 7 CFR 205. I have reviewed the Organic System Plan previously submitted to QCS and updated any and all sections in which the Organic System Plan has changed.I understand that failure to notify QCS of new management practices on additional grower group member lands constitutes a false statement under §205.100 of the NOP Final Rule and §1001 of Title 18 of the United States Code, and may subject me and/or the certified operation to criminal and civil penalties. Further, I understand that certification under the NOP Final Rule and QCS policies creates a continuing obligation to inform QCS of all changes, additions, and deletions to the Organic System Plan. A failure to provide complete and truthful disclosure of changes to the OSP may lead to initiation of the noncompliance procedures in §205.662, and may culminate in the suspension or revocation of the operation’s organic certification and all persons responsibly connected with the operation.If subsequent inspection of the operation reveals that this application was incomplete or inaccurate, I understand that a Notice of Noncompliance will be issued. I also agree that any updated forms submitted by the operation to resolve the noncompliance will be reviewed by QCS staff at a charge to the operation of up to $100 per form. In addition, any subsequent inspection requested by QCS to verify the accuracy of such forms will be borne by the certified operation, even if the inspection is in addition to the regular annual inspection required by the NOP Final Rule. I agree that QCS has the right to request that the operation submit a complete OSP in any given year, or in all years, as QCS deems appropriate to assess compliance with the NOP Final Rule and QCS policies and procedures. I affirm that I am either the principal or an agent of the operation, and am authorized to conduct business, make representations, enter into contracts and otherwise conduct business on behalf of the operation for the purposes of organic certification. I consent and agree to the foregoing, and further affirm under penalty of law that the responses provided by me are true, correct, and complete:  (NOTE: The name of the signing party must be the same as the Certification Contact listed in form OGGP1 on file in the QCS office or as updated and attached to this affidavit.) |
| Acknowledge and Agreed to by      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature  |      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title  |      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |