**Instructions:** This Organic System Plan application is designed to describe how your operation complies or plans to comply with the requirements of the Canada Organic Regime (COR) and equivalent organic standard(s). Complete all sections truthfully and accurately. Submit the completed application along with the Fee Payment Form and applicable fees to QCS by e-mail to [**apply@qcsinfo.org**](mailto: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. All changes that may affect compliance must be notified to QCS *and approved* prior to implementation, including use of new lands, inputs, or facilities. Facilities and products must be approved by QCS and listed on the Organic Certificate Addendum (Product Verification Form) before they are represented as organic or are used to produce products represented as organic.

| COR-OHP 1: Application | | | | | | | | | | | SFCR, Part 13, Div. 4, Subdiv A, Application (paras 344-348) and CAN/CGSB-32.310, clause 4 | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Operation Name (Legal name of business): | | | | | Fictitious Name/DBA (if applicable): | | | | | | | | | | QCS No. | | | | | Date | |
| Mailing Address: | | | | | | | | | | | | Physical Address:  Same as mailing address | | | | | | | | | |
| City: | | | Zip Code: | | | | | | | | | City: | | | | | | Zip Code: | | | |
| Country: | Province/Territory: | | | | | | | | | | | Country: | | Province/Territory: | | | | | | | |
| Phone: | | | | Fax: | | | | | | | | Phone: | | | | | | | Fax: | | |
| 1. **CERTIFICATION CONTACTS (Authorized Representative)**  Additional contacts attached 2. List persons below who are authorized to communicate with QCS on behalf of this operation. | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | **Role in Operation**  (Owner, Manager, Billing, etc.) | | | | | | | | **Role in Certification**  (Main contact, livestock contact, etc.) | | | | | | **Phone** | | | | | **E-mail** |
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| 1. Communication Preference:  E-mail  Phone  Fax  Mail | | | | | | | | | | | | | | | | | | | | | |
| **For scheduling inspections while organic production is occurring, and while authorized personnel can be present:**   1. What is your operation’s general availability? (ex., Mon through Thurs, 9:00 a.m. to 5:00 p.m.; weekdays between Aug and Nov, etc.) 2. Are there any periods of the year when no one is available or when organic production is not occurring?  Yes  No  Describe: | | | | | | | | | | | | | | | | | | | | | |
| 1. List all 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: | | | | | | | Phone: | | | | | | | | | | E-mail: | | | | |
| How would you like QCS to communicate with the consultant? | | | | | | | | | | | | | | | | | | | | | |
| No direct communication with the consultant | | | | | | | | | | | | | Copy the consultant on all communication | | | | | | | | |
| Communicate only with the consultant. Consultant is primary certification contact  Send copies of all documents (certificates, applications, etc.) to the consultant  Other (specify) | | | | | | | | | | | | | | | | | | | | | |
| 1. Would you like QCS to provide a copy of the organic certificate to any other third-party?  Yes  No; if yes, provide details | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | E-mail: | | | | | | | | | | | Relationship: | | | | |
| 1. **DRIVING DIRECTIONS**   Please provide directions to the main operation for the inspector:  **Attached** | | | | | | | | | | | | | | | | | | | | | | |
| 1. **OPERATION’S LEGAL DESCRIPTION  Attached**   Describe the operation’s type of business and attach documentation to verify the legal entity name.   |  |  | | --- | --- | | **Entity type** | **Required documentation** | | Sole Proprietorship operating under an individual name | None | | Sole Proprietorship operating under an entity or fictitious name (DBA) | Entity name or fictitious name filing, ORCheck if operating under an unfiled name | | Partnership | Partnership agreement and entity/fictitious name filing | | Limited Liability Company (LLC) | Articles of Organization | | Corporation | Articles of Incorporation | | Cooperative | Articles of Incorporation | | Other (describe): | Describe: | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PREVIOUS APPLICATION/CERTIFICATION STATUS**   Not Applicable (No portion of the operation or person responsibly connected to the operation is currently certified organic or has ever applied for organic certification)   1. Has the operation or any portion of it ever applied for organic certification in the past?  Yes  No If yes, please specify the application date(s) and the name of the certifier(s) applied to: 2. Is this operation or any portion of it currently certified?  Yes  No If certified by an agency other than QCS, please attach a copy of your current organic certificate and “letter of good standing” confirming that all nonconformities and any contract conditions have been addressed (see COR Operating Manual Appendix G).   **Attached** 3. Has the operation ever applied for organic certification with another certifier that was not granted due to voluntary withdrawal or denial of certification?  Yes  No    1. If yes, attach a copy of all issued noncompliances and, if applicable, the denial from the certifier (if issued by an agency other than QCS.)  N/A – noncompliance was not issued  Attached 4. If the operation is 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, settlement agreement and other relevant documents.  **Attached** | | | | | | | | | | | | | | | | | | | | | | |
| 1. **GENERAL DESCRIPTION** 2. Please provide an overall description of your operation. *Example: The operation processes organic granola and sells it in bulk for further processing.* | | | | | | | | | | | | | | | | | | | | | | |
| 1. What percentage of processing/handling performed at this operation is organic (versus conventional)?      % | | | | | | | | | | | | | | | | | | | | | | |
| 1. Please indicate the categories that you are applying for under COR: | | | | | | | | | | | | | | | | | | | | | | |
| ***Organic Product Certificate*** | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| Check “yes” if you are processing or manufacturing a product containing one or more organic ingredients for sale as organic. Describe all products requesting certification in this category in COR-OHP 2 and COR-OHP 3. For all processed agricultural product containing more than one agricultural ingredient and provide a statement setting out the percentage by weight of each of those products and the percentage by weight of each of them that are organic in COR-OHP 3.  What activities does this operation perform on organic products? (check all that apply)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Cooking | Baking | Heating | Drying | Cleaning | Fermenting | | Dehydrating | Preserving | Churning | Separating | Grinding | Distilling | | Extracting | Slaughtering | Cutting | Mixing | Milling | Curing | | Wine Production | Freezing | Chilling | Canning/Jarring |  |  | | Other, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Certificate of Packaging & Labeling Activities*** | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Check “yes” if you are providing packaging and/or labeling activities for organic products that were processed or manufactured at a different operation. List all products requesting certification in this category and the certified organic supplier in COR-OHP 3.  What activities does this operation perform on organic products? (check all that apply)   |  |  |  | | --- | --- | --- | | Packaging | Labeling | Other, please explain: | | | | | | | | | | | | | | | | | | | | | | | |
| ***Attestation of Compliance*** | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| Check “yes” if you are handling organic products that you do not process, manufacture, package or label.  What activities does this operation perform on organic products? (check all that apply)   |  |  |  | | --- | --- | --- | | Storage of packaged organic products | Transportation of bulk organic products | Seed cleaning | | Other, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **EXPORT & QUEBEC** 2. Will organic products be exported under an established [equivalency arrangement](https://inspection.canada.ca/en/food-labels/organic-products/equivalence-arrangements)?  Yes  No  If yes, indicate the country(ies) where organic products will be exported, and complete COR-OHP 9: Exporting Under Equivalency  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Costa Rica | European Union | Japan | Mexico | South Korea | | Switzerland | Taiwan | United Kingdom | United States |  |  1. Will organic products be produced or sold in Quebec?  Yes  No.  If yes, complete COR-OHP 10: Quebec CARTV Affirmation | | | | | | | | | | | | | | | | | | | | | | |
| 1. **CONTRACTED SERVICES**   *All subcontracted activities upon which an operator relies to produce and/or prepare each product included within its application must be described in your organic system plan and inspected by QCS to verify compliance unless the operation performing the activity is independently certified organic or holds an attestation of compliance. (COR Operating Manual C.2.2.16, C.11.1)*   1. Are any products transported which are not packaged or labelled?  Yes  No If yes, how do you ensure organic integrity of the product is maintained by the transport company?   Signed affidavit  Other method, describe:   *Continued on the next page* | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you contract with any external operation or facility to conduct physical activities (other than transport) with respect to your products under your ownership before they are in impermeable packages?  Yes  No If yes, list below.  |  |  |  |  | | --- | --- | --- | --- | | **Facility Name** | **Physical Location** (Address or GPS) | **Activity(ies) performed** | **Facility Status** | |  |  |  | Certified  Attestation of Compliance  Activities are included in this plan | |  |  |  | Certified  Attestation of Compliance  Activities are included in this plan |  1. Attach the organic certificate or attestation of compliance for each applicable service.  N/A  **Attached** 2. For each subcontracted activity that is not independently certified or covered under an Attestation of Compliance, complete and submit the following sections of the COR-OHP that specifically describe the activities of the service provider:   COR-OHP 4: Product Process  COR-OHP 5: Pest Management  COR-OHP 6: Maintaining Organic Integrity | | | | | | | | | | | | | | | | | | | | | | |