| OSP 01: General Application | | | | | | | USDA Organic Regulations §§205.201 & 401  Regulation (EU) 2018/848 | | | | | | | | |
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| 1. **GENERAL INFORMATION** | | | | | | | | | | | | | | | |
| Operation Name (Legal name of business): | | | | | | Fictitious Name/DBA (if applicable): | | | | | | | | Date | |
| QCS No. | |
| Mailing Address: | | | | | | | | Physical Address:  Same as mailing address | | | | | | | |
| City: | State: | | | Zip Code: | | | | City: | | | | State: | | | Zip Code: |
| Country (if not located in United States): | | | | | | | | Country (if not located in United States): | | | | | | | |
| 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. **QCS can only communicate details of your certification with the people listed.** | | | | | | | | | | | | | | | |
| **Name** | | | **Role in Operation**  (Owner, Manager, Billing, etc.) | | | | | **Role in Certification**  (Main contact, livestock contact, etc.) | | | **Phone** | | **E-mail** | | |
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| 1. How would you like to receive QCS communications?  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? (e.g., Monday through Thursday, 9:00 a.m. to 5:00 p.m., weekdays between August and November, etc.) 2. Are there any periods of the year when no one is available or when organic production is not occurring? | | | | | | | | | | | | | | | |
| 1. **CONSULTANTS**  *N/A, I do not use a consultant. Skip to Section D.* 2. List all consultants. *Please note that it is your responsibility to inform QCS of any modifications to consultant information.*  |  |  |  | | --- | --- | --- | | Name: | Phone: | E-mail: |  1. 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. Please explain:   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. **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 | | Other (describe): | Describe: | | | | | | | | | | | | | | | | |
| 1. **PREVIOUS APPLICATION/CERTIFICATION STATUS** *N/A, No portion of the operation or person responsibly connected to the operation is currently certified organic or has ever applied for organic certification. Skip to Section F.*   ***Responsibly connected*** *means any person who is a partner, officer, director, holder, manager, or owner of 10 percent or more of the voting stock of an applicant or a recipient of certification or accreditation.*   1. Has any portion of this operation or any responsibly connected person with this operation ever applied for or been granted organic certification in the past?  Yes  No. *Skip to Question 2.* If yes, answer the following:    1. Please specify the application date(s) and the name of the certifier(s) applied to:    2. Was the application for certification voluntarily withdrawn?   Yes, application withdrawn with noncompliances. Attach a copy of all issued noncompliances  **Attached**  Yes, but application was withdrawn without noncompliances  No   * 1. Was the application for certification issued a denial?   Yes. Attach a copy of all issued noncompliances and the denial from the certifier  **Attached**  No   * 1. Did the operation or any person responsibly connected to the operation have their organic certificate suspended or revoked?   Yes. Attach a copy of the suspension/revocation from the certifier  **Attached**  No   1. Is any portion of this operation or any responsibly connected person with this operation currently certified?   Yes, currently certified by QCS  Yes, currently certified by an agency *other than* QCS. Please attach a copy of your current organic certificate.  **Attached**  No. *Skip to Question 3.*If yes, please answer the following:   * 1. Were you issued a Noncompliance, Proposed Suspension or Proposed Revocation during the previous certification cycle?   Yes. Attach a copy of the applicable notification(s), documentation of corrective action, settlement agreement and other relevant documents.  **Attached**  No   1. Are you applying for USDA reinstatement of a suspended operation?  Yes  No  If yes, attach a copy of your reinstatement request, including a description of corrective actions implemented to correct the noncompliance that led to the suspension.  **Attached** | | | | | | | | | | | | | | | |
| 1. **GENERAL DESCRIPTION OF ORGANIC OPERATION** 2. Please provide an overall description of your operation. *Example: The operation processes organic granola and sells it in bulk for further processing.*      1. For which organic standard(s) are you applying for certification? (check all that apply)  |  |  |  | | --- | --- | --- | | USDA National Organic Program | Regulation (EU) 2018/848 | United Kingdom (UK) Organic Program (for export to Great Britain) | | Transitional | Regulation (EU) 2018/848 Conversion |  1. What are the operation’s annual gross sales of organic products for the previous calendar year? (If operation is not yet certified, estimate projected annual gross sales for the first year after certification.) Use this number to determine the annual certification fee due with the application in accordance with the fee structure.  |  |  | | --- | --- | | Year: | Gross sales: |  1. Which of these activities are/will be conducted by your operation?  None  |  |  |  |  | | --- | --- | --- | --- | | Broker | Community Supported Agriculture (CSA) | Co-Packer | Distributor | | Marketer/Trader | Poultry | Private Labeler | Restaurant | | Slaughterhouse | Retail Food Establishment | Storage (primary activity) | |  1. Is this a **producer group operation** (crop, livestock, apiculture, or wild-crop) consisting of producer group members and production units in geographic proximity governed by an internal control system under one organic system plan?   Yes  No If yes, your application must include the **Organic Producer Group Plan** in addition to the relevant organic system plan modules relevant to the type(s) of production. Check each associated certification application you are submitting for this entity that may be grouped for inspection:  |  |  |  |  | | --- | --- | --- | --- | | Global GAP | Harmonized GAP | GAP Connections | Smithsonian Bird Friendly | | Regenerative Organic Certified® | | OPT Grass-Fed Organic Livestock | |  1. List associated certified organic entities or applicants that could be grouped with this operation for inspection:  None 2. Has your operation ever labeled, marketed, sold, or represented products as organic without a valid organic certificate?   Yes  No. If yes, please explain.   If yes, attach the warning letter or complaint you received from the USDA National Organic Program or other Control Authority (e.g, California Department of Public Health)  **Attached**   *N/A, I did not receive a warning letter or complaint* | | | | | | | | | | | | | | | |
| 1. **SCOPE SPECIFIC ORGANIC SYSTEM PLAN (OSP) MODULES**   Check each type of production or handling activity seeking organic certification and complete/submit the required Organic System Plan (OSP) Module(s). *Contact QCS if assistance is needed to determine which OSP modules apply to your operation.* | | | | | | | | | | | | | | | |
| **Type(s) of Operation** | | | | | | | | **Organic System Plan (OSP) Modules** | | | | | | | |
| Crop Producer or Producer Group | | | | | | | | Organic Grower Plan (OGP) | | | | | | | |
| Livestock Producer or Producer Group | | | | | | | | Organic Livestock Plan (OLP) | | | | | | | |
| Apiculture Producer or Producer Group | | | | | | | | Organic Apiculture Plan (OAP) | | | | | | | |
| Wild-Crop Harvesting or Producer Group | | | | | | | | Organic Wild Crop Plan (OWP) | | | | | | | |
| Aquaculture Producer | | | | | | | | Organic Aquaculture Plan (OQP) | | | | | | | |
| Processing (including packaging and labeling)  Other Handling (including brand owners, private label owners, importers) | | | | | | | | Organic Handler/Processor Plan (OHP)  Organic Handler/Processor Plan (OHP) | | | | | | | |
| 1. **EXPORT MODULES**  *N/A, I do not export organic product* | | | | | | | | | | | | | | | |
| 1. Complete **OSP 06**: **Export Production Capacity** for all organic products intended for export. 2. Complete the applicable modulesfor organic products intended for export to the following countries: | | | | | | | | | | | | | | | |
| **Location of Operation or final processing/packaging** | | **Organic Standard** | | | **Exporting to** | | | | **OSP Module required for each type of operation (check if applying)** | | | | | | |
| United States | | USDA Organic | | | European Union | | | |  | OSP 07: International Equivalence Arrangements (USDA) | | | | | |
| Japan | | | |
| Korea | | | |
| Switzerland | | | |
| Taiwan | | | |
| United Kingdom | | | |
| Outside of Canada | | USDA Organic | | | Canada | | | |  | US-Canada Equivalence Arrangement | | | | | |
| Outside of the United States and Canada | | Regulation (EU) 2018/848 | | | European Union or Switzerland | | | |  | Regulation (EU) 2018/848 Compliance Affirmation | | | | | |
| Outside of the United States | | QCS organic standard equivalent to Great Britain | | | United Kingdom- Great Britain | | | |  | UK-Great BritainCompliance Affirmation | | | | | |
| Anywhere worldwide | | Bio Suisse | | | Switzerland | | | |  | Bio Suisse Compliance Affirmation | | | | | |
| 1. **OUTSIDE SERVICE PROVIDERS**  *N/A, I do not contract with outside service providers* 2. List below any outside service providers you hire (e.g., third-party warehouses, co-manufacturers) to package, label, process, cool, store, load/unload, receive, transport, or otherwise handle your organic ingredients or products: This applies to any operation that is a separate legal entity from the operation listed on your organic certificate.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name of Contracted Service Provider** | **Physical Location (Address or GPS)** | **Function**  (e.g., ingredient/finished product storage, cleaning, packaging or labeling, processing, loading, receiving, livestock transport etc.) | **Product(s)** | **Operation/Facility Status** | |  |  |  |  | Certified  Exempt | |  |  |  |  | Certified  Exempt | |  |  |  |  | Certified  Exempt | |  |  |  |  | Certified  Exempt | |  |  |  |  | Certified  Exempt |  1. Complete and submit the [Exempt Handler Affidavit](https://qcsinfo.org/download/exempt-handler-affidavit/) for each uncertified/exempt outside service provider. Please note, exempt/uncertified off-site storage (owned or rented/contractors) may be inspected by QCS.  *N/A, all outside service providers are certified organic. See above*.  **Attached** | | | | | | | | | | | | | | | |
| 1. **STATE REGISTRATION (For organic production occurring in California)**  *N/A, no organic production or handling occurs in the state of California* 2. Does or will organic production or handling occur in the state of California?  Yes  No 3. If yes, is the operation registered with the California Department of Public Health (CDPH) or California Department of Food and Agriculture (CDFA) as required\* before the first sale of organic product and annual thereafter?  |  |  | | --- | --- | | CDPH Registered. Registration Number: | CDFA Registered. Registration Number: | | No (verification of registration required prior to organic certification) | |  1. Attach a copy of the valid CDPH or CDFA Registration Certificate.  **Attached**   \*CDPH registration is required for all organic processors with facilities located within the State of California, except those organic producers, handlers, and processors that are not required under section 110875(a) of the California Health and Safety Code must register with CDFA. | | | | | | | | | | | | | | | |