| OSP 1: General Application | | | | | | | | USDA Organic Regulations §§205.201 & 401  Regulation (EU) 2018/848 | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | | | | | | | | | | | | | | |
| **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? (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. 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 each facility or parcel for the inspector in the space below or as an attachment.  **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 | | 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.  **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  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 or any person responsibly connected to the operation has been certified organic in the past, has the operation or responsibly connected person had their certificate suspended or revoked?  Yes  No If yes, attach a copy of the suspension/revocation from the certifier if issued by an agency *other than QCS*.  **Attached** 5. 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. 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 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 |  | | 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. 2. Has operation ever labeled, marketed, sold, or represented products as organic without a valid organic certificate?   Yes  No. If yes, please explain. | | | | | | | | | | | | | | | | | | | |
| 1. Check each associated certification application you are submitting for this entity that may be grouped for inspection:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Global GAP | Harmonized GAP | GAP Connections | EVE Vegan | 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 | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | Organic Handler/Processor Plan (OHP) | | | | | | | | | |
| Handling operation that does not process, label, or package | | | | | | | | | | Simple Organic Handler Plan (SOHP) | | | | | | | | | |
| 1. Does your operation transport livestock, slaughter livestock, or oversee the transport of organic livestock to or from your operation?  Yes  No.  If yes, complete **OSP 8**: Livestock Transport & Slaughter and submit it with your application. | | | | | | | | | | | | | | | | | | | |
| 1. **EXPORT MODULES** | | | | | | | | | | | | | | | | | | | |
| 1. Complete **OSP 10**: Export Production Capacity, if applicable, for all organic products intended for export. 2. Complete the relevant export modules of the scope specific Organic System Plan (OSP) for organic products intended for export: | | | | | | | | | | | | | | | | | | | |
| **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 | | | | |  | US-European Union Equivalence Arrangement | | | | | | | |
| Japan | | | | |  | US-Japan Equivalence Arrangement | | | | | | | |
| Korea | | | | |  | US-Korea Equivalence Arrangement  (processed food only) | | | | | | | |
| Switzerland | | | | |  | US-Switzerland Equivalency Arrangement | | | | | | | |
| Taiwan | | | | |  | US-Taiwan Equivalence Arrangement | | | | | | | |
| United Kingdom | | | | |  | US-United Kingdom Equivalence Arrangement | | | | | | | |
| 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 | | | | |  | UK Export Compliance Affirmation | | | | | | | |
| Anywhere worldwide | | Bio Suisse | | | | Switzerland | | | | |  | Bio Suisse Compliance Affirmation | | | | | | | |
| KRAV | | | | Sweden | | | | |  | KRAV Sweden Extra Requirements | | | | | | | |
| 1. **CONTRACTED ACTIVITIES** 2. Do you contract with any external operation or facility to package/label, process, store, load, receive, or otherwise handle organic ingredients or products; or to transport or aquaculture animals livestock?  Yes  No If yes, list below.  |  |  |  |  | | --- | --- | --- | --- | | **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.) | **Operation/Facility Status** | |  |  |  | Certified  Exempt | |  |  |  | Certified  Exempt | |  |  |  | Certified  Exempt |  1. Attach organic certificates for all external operations or contracted service providers that are not exempt from organic certification.  N/A  **Attached** 2. Complete and submit the [Exempt Handler Affidavit](https://qcsinfo.org/download/exempt-handler-affidavit/) for each uncertified/exempt contracted facility. Please note, exempt/uncertified off-site storage (owned or rented/contractors) may be inspected by QCS.  N/A  **Attached** | | | | | | | | | | | | | | | | | | | |
| 1. **STATE REGISTRATION (For organic production occurring in California)**  N/A 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 registrations 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. | | | | | | | | | | | | | | | | | | | |